

# Latent TB Infection Investigations in VEDSS Training

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# Learning Objectives

- Understand LTBI reporting in Virginia
- Understand the latent TB infection (LTBI) data variables captured through the Virginia Electronic Disease Surveillance System (VEDSS).
- Learn how to enter data, update, and manage LTBI investigations in VEDSS.

# LTBI vs active TB

- Someone with LTBI:
  - Has no signs or symptoms
  - Is not contagious
  - Typically has a positive tuberculin skin test (TST) or interferon gamma release assay (IGRA)
  - Has a normal chest x-ray
- Someone with active TB disease typically:
  - Has symptoms (cough 3+ weeks, weight loss, night sweats, fever, etc.)
  - Feels sick
  - May spread TB bacteria to others
  - Has a positive TST or IGRA
  - Has an abnormal chest x-ray and/or positive sputum smear/culture

# Reporting Requirements

- LTBI became broadly reportable in Virginia in November of 2018 for:
  - Providers: anyone diagnosed with LTBI
  - Laboratories: positive tests for TB infection
- Providers can report through the [Confidential Morbidity Report Portal](#) or by faxing or emailing an [LTBI case report form](#) to the VDH TB Program (804-416-5178, [tuberculosis@vdh.virginia.gov](mailto:tuberculosis@vdh.virginia.gov))
- Local health departments can submit reports in the same way, or can enter data directly into VEDSS.
  - LHDs can also work directly with the VDH TB Program if they prefer to submit a line list or report in some other way.
- Additional routine follow-up is not required at this time unless there is concern for active TB disease
- Follow-up may be recommended for children under the age of five with a new diagnosis of LTBI. [https://www.vdh.virginia.gov/content/uploads/sites/175/2022/08/LTBI-Reporting-Form-Virginia\\_Central-Office.pdf](https://www.vdh.virginia.gov/content/uploads/sites/175/2022/08/LTBI-Reporting-Form-Virginia_Central-Office.pdf)

# LTBI Case Classification

Latent TB Infection Case Classification
<p><b>SUSPECTED</b></p> <ul style="list-style-type: none"> <li>➤ A case that meets one or more of the laboratory criteria (positive TST or IGRA)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>➤ <i>M. tuberculosis</i> complex was not isolated from a clinical specimen, if a specimen was collected</li> </ul>
<p><b>CONFIRMED</b></p> <ul style="list-style-type: none"> <li>➤ A case that meets one of the laboratory criteria for TB infection (positive TST or IGRA)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>➤ <i>M. tuberculosis</i> complex was not isolated from a clinical specimen, if a specimen was collected</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>➤ Meets the clinical criteria for TB infection (no signs or symptoms consistent with TB Disease and chest imaging not consistent with TB Disease)</li> </ul>

# Managing TB and LTBI Investigations in VEDSS

- TB and LTBI investigations both fall under the TB Program Area in VEDSS
- Please do not create tuberculosis investigations or enter or edit data in tuberculosis investigations if you have not completed RVCT training with the TB Program

# Auto-created investigations from Electronic Lab Reports (ELRs)

- VEDSS workflow decision support (WDS) is currently used to assist with the process of incoming positive IGRA ELRs.
- New positive ELRs will either be associated with an existing investigation, or the system will create a new investigation with a suspect case status, and close it.
- WDS cannot currently add a state case number which is required to submit a notification, so the VDH TB Program routinely adds the state case number and submits the notification manually.

# Technical Notes

- Active TB and Previous LTBI investigations
  - A new investigation for LTBI should only be created if the person does not have a previous LTBI or TB investigation.
  - If the person has an active TB investigation and has been counted as a TB case, there is no need to also create an LTBI investigation.
    - If they have an active TB investigation, and TB has been ruled out, the change condition function can be used to move information over to the LTBI investigation.
  - New labs should be associated with previous investigations if applicable.



# Data entry notes

- Partial dates:
  - If the day is unknown, enter the first day of the know month as the date (e.g., 07/01/2022).
  - If the month and day are unknown, enter the first day of the know year as the date (e.g., 01/01/2022).

# Data entry notes

- Repeating blocks:
  - When entering data in a repeating block, you must click “add” to save the data, otherwise you will get an error message when you try to save the investigation. You will then see the data displayed in the row.

Lab Interpretive Repeating Block

Test Type	Specimen Source Site	Date Collected or Placed	Date Reported or Read	Test Result Qualitative	Test Result Quantitative	Quantitative Test Result Units
No Data has been entered.						
Test Type:	Hemoglobin A1c					
Other Test Type:						
Specimen Source Site:	Blood					
Other Specimen Source Site:						
Date Collected or Placed:	10/01/2023					
Date Reported or Read:	10/01/2023					
Test Result (Qualitative):						
Test Result (Quantitative):	8.5					
Quantitative Test Result Units:	percent					
						<b>Add</b>





Enter an additional laboratory testing result in the lab interpretive repeating block below.

Lab Interpretive Repeating Block

Test Type	Specimen Source Site	Date Collected or Placed	Date Reported or Read	Test Result Qualitative	Test Result Quantitative	Quantitative Test Result Units
Hemoglobin A1c	Blood	10/01/2023	10/01/2023		8.5	percent

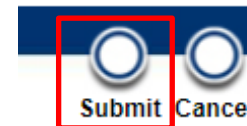
# Data entry notes

- Editing data in repeating blocks:
  - After you have added data to a repeating block, you can edit or delete it using these buttons:

	Test Type	Specimen Source Site	Date Collected or Placed	Date Reported or Read	Test Result Qualitative	Test Result Quantitative	Quantitative Test Result Units
 	Hemoglobin A1c	Blood	10/01/2023	10/01/2023		8.5	percent



- Saving data in VEDSS:
  - Click the “submit” button at the top or bottom of the page:



## Two new conditions in codes in VEDSS

- Tuberculosis – condition code and VEDSS paged used for **2009-2022** cases
- Latent TB infection – condition code and VEDSS page used for LTBI for **2018-2023**
- Tuberculosis (2020 RVCT) – used for **2023** TB cases and forward
- Latent TB Infection (2020 TBLISS) – condition codes used for **2024** LTBI cases and forward

<u>Start Date</u>	<u>Conditions</u>	<u>Case Status</u>
<a href="#">09/01/2020</a>	Tuberculosis	Confirmed
<a href="#">10/01/2021</a>	Latent TB infection	Not a Case
<a href="#">10/01/2023</a>	Latent Tuberculosis Infection (2020 TBLISS)	Not a Case
<a href="#">10/05/2023</a>	Tuberculosis (2020 RVCT)	Confirmed

The “2020” pages combine TB and LTBI into one page, but two different condition codes are used and there is change functionality between them. Certain “tabs” apply to both conditions and distinct tabs apply to each as well.

# Creating a new LTBI investigation

Select Condition User: Laura Young

Submit Cancel

Please select a condition:

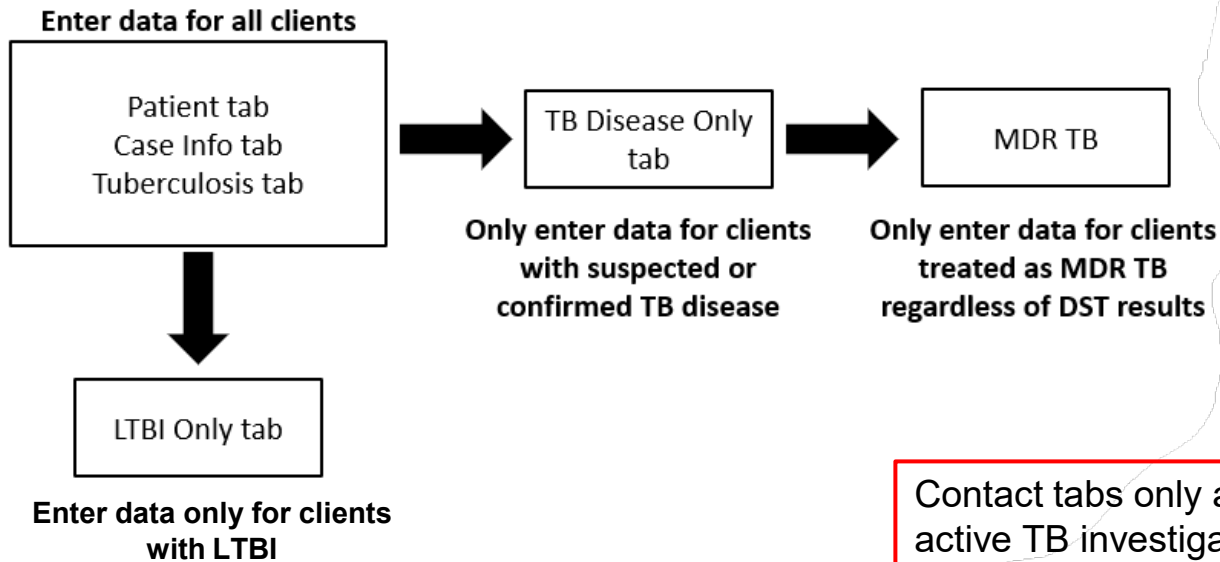
Latent Tuberculosis Infection (2020 TBLISS) ▼

Submit Cancel

# 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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Contact tabs only apply to active TB investigations, not LTBI investigations

# Patient Tab

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● Key Data if available:

- Patient last name
- Patient first Name
- Patient DOB
- Current Sex
- Sex at Birth
- Street Address
- City
- State
- Zip
- County
- Race
- Ethnicity

**General Information** \* Information As of Date: 10/10/2023  
Comments:

**Name Information** Name Information As Of Date: 10/10/2023  
**First Name** TBTest\_Laura  
**Middle Name**  
**Last Name** TBTest\_Young  
 Suffix:

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

**6. Reporting Address for Case Counting** Address Information As Of Date: 10/10/2023  
**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?:

**Telephone Information** Telephone Information As Of Date:  
 Home Phone:  
 Work Phone:  
 Ext.:  
 Cell Phone:  
 Email:

**Ethnicity and Race Information** Ethnicity Information As Of Date: 10/10/2023  
**9. Ethnicity** Not Hispanic or Latino  
 Race Information As Of Date: 10/10/2023  
**10. Race** Asian  
 Detailed Race American Indian and Alaska Native:  
 Detailed Race Asian: Vietnamese



# Case Info Tab

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[Collapse Sections](#)

Investigation Information


[Collapse Subsections](#)

Investigation Details


Input the date the LHD performed any action


\* Jurisdiction: Richmond (City) 

\* Program Area: Tuberculosis

Investigation Start Date: 10/05/2023 

Leave checked.


\* Investigation Status: Open 

\* Shared Indicator:  

Investigator

Investigator:  Search - OR -

Investigator Selected:

Date Assigned to Investigation:  

Indicate the person entering the data into VEDSS or assigned to the client if applicable. 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 -

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 all available information is entered (i.e., treatment completion date)

If known, 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

1. Date Reported: 10/01/2023

Auto populates based on when investigation was created. Update if needed.

MMWR Week: 40

MMWR Year: 2023

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

Case Verification Category:

Case Status: Confirmed

Count Status:

Select "Confirmed", "Suspect", or "Not a case" based on case definition. Do not use "unknown" or "probable".

Leave blank for LTBI investigations

Notification Comments to CDC:

Date the LHD was first notified that a person may have LTBI.

Leave blank for LTBI investigations

A state case number is needed to submit a notification. Use this format: Current year – VA – VEDSS ID and then 0s if there is more space (e.g., 2024-VA-11591050)

Case Numbers

Not used in Virginia

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

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

Case Verification

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

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

Country of Verified Case:

Indicate "No"

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):

Not applicable for LTBI

Condition

Indicate pregnancy status if applicable.

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

Use date of positive test for infection or date of normal xray, if known

Epidemiologic  
[Collapse Subsections](#)  
Epi-Link

Is this case part of an outbreak?:    
Outbreak Name:

Not applicable for LTBI

General Comments  
[Collapse Subsections](#)  
General Comments

General Comments:

Use for any additional comments regarding the investigation

# Tuberculosis Tab

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# Tuberculosis Tab

- This tab has many items that will not be available for an LTBI investigation, complete what you are able to.
- Key items related to the LTBI case classification:
  - Results of a test for infection, either TST or IGRA
  - Results of a chest x-ray (needed to meet “confirmed” case classification)
- Helpful information for surveillance if available:
  - Country of birth
  - HIV Status
  - Initial reason evaluated for TB
  - Other risk factors (diabetes, homelessness, substance use, history of time in correctional facility)
  - Occupational information

▣ 11. Nativity

11a. Country of Birth: AFGHANISTAN

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: 10/12/2021

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).

Countries of Birth for Primary Guardians:

▣ 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?:

▣ TB Diagnosis

13. Status at TB Diagnosis:

14. Initial Reason Evaluated for TB: Screening

Other 14. Initial Reason Evaluated for TB:

Was this a TB classified individual: Yes

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

Leave items blank or indicate “unknown” if no information available

# Nativity

- Country of Birth
  - Provide the actual country (or U.S. territory) of birth regardless of whether they were U.S. citizens at birth. If born in the United States, select “United States”.
- Date of First U.S. Arrival
  - If born outside of the United States, enter the known or best estimated date of when the patient first arrived in the United States.

## 11. Nativity

11a. Country of Birth: AFGHANISTAN

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: 08/01/2022



Updated

# Nativity (continued)

- 11c. Countries of birth for primary guardians
  - Complete only for patients less than 15 years old.

**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).

*(Use Ctrl to select more than one)*

**Countries of Birth for Primary Guardians:**

AFGHANISTAN

ALAND ISLANDS

ALBANIA

ALGERIA

AMERICAN SAMOA

**Selected Values:**

# Initial reason evaluated for TB

## Contact investigation

- Includes source case investigations

## Screening

- Any type of planned screening for TB disease or LTBI in a specific population, other than through a contact investigations.
  - Includes targeted or prioritized testing, intake in correctional setting, class B notifications, administrative screening for employment, etc.

## TB symptoms

- Signs and symptoms consistent with TB
- Select only if patient as signs and symptoms at time of diagnostic evaluation and neither contact investigation or screening apply to the case. Select when TB symptoms are the reason that the patient came to the attention of the medical community.

## Other

- Incidental chest radiograph, incidental lab results, unexpected clinical finding when TB was not being considered, etc.
- Room to provide detail if other selected

## Unknown

14. Initial Reason Evaluated for TB:

Other 14. Initial Reason Evaluated for TB:


Risk Factors

[Collapse Subsections](#)

15. Occupation and Industry

15a. Has the patient ever worked as one of the following? (select all that apply): None of the Above

15b. Industry and Occupation Information

Current Occupation Standardized	Current Occupation
	Elementary school teacher
	Current Occupation Standardized:
	Current Occupation:
	Current Industry Standardized:
	Current Industry:

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

16. Other Risk Factors

Diabetic At Diagnostic Evaluation: No

Homeless in the Past 12 Months: No  
Homeless Ever: No

Resident of Correctional Facility at Diagnostic Evaluation: No

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:  
Resident of Correctional Facility Ever: No

Resident of Long Term Care Facility at Diagnostic Evaluation: No

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:

Injecting Drug Use in the Past 12 Months: No  
Noninjecting Drug Use in the Past 12 Months: No  
Heavy Alcohol Use in the Past 12 Months: No

TNF Antagonist Therapy: No  
Post Organ Transplantation: No  
End Stage Renal Disease: No  
Viral Hepatitis (B or C Only): No  
Other Immunocompromise (other than HIV or AIDS): No  
Other Risk Factor: No  
Other Risk Factor Specify:

19. Current Smoking Status at Diagnostic Evaluation: Former smoker  
20. Lived outside of US for More than 2 Months: Yes

Leave items blank or indicate "unknown" if no information available

# Current occupation and industry

Has the patient **ever** worked as one of the following?

- Healthcare worker – “healthcare personnel” – paid or unpaid persons working in a healthcare setting.
- Correctional facility employee – person working in a correctional facility. If they have worked as HCP within corrections, select both options.
- Migrant/seasonal worker – person who is required to be absent from a permanent place of residence for the uprose of seeking employment, or who may vary their employment for the purpose of remaining employed while maintaining a permanent place of residence.
- None of the above
- Unknown – select only when it cannot be confirmed or denied that the person ever worked in any of the above fields.

## 15. Occupation and Industry

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

(Use Ctrl to select more than one)

Correctional Facility Employee ^  
Healthcare Worker  
Migrant/Seasonal Worker  
None of the Above  
Unknown v

Selected Values:

# Current occupation and industry (continued)

What is the patient's current occupation and industry?

- **Current Occupation** – the type of job the patient has been doing most recently, whether paid or unpaid.
- **Current Industry** - the kind of business or industry the patient works in.

15b. Industry and Occupation Information

Current Occupation Standardized	Current Occupation	Current Industry Standardized
No Data has been entered.		
Current Occupation Standardized:	Medical scientists [1650] Epidemiologist	
Current Industry Standardized:	Administration of human resource programs [9480] Public Health	

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

Add descriptive information for occupation/industry, including if client is unemployed, not seeking employment, incarcerated, etc. VDH TB will do the standardized coding based on description. Be specific.

## Other risk factors

- **Diabetic at diagnostic evaluation** – The patient had diabetes when TB diagnostic evaluation was performed.
  - Existing DM diagnosis, whether receiving treatment or not **or**
  - Hemoglobin A1c  $\geq 6.5\%$  **or**
  - Fasting plasma glucose  $\geq 126$  mg/dL **or**
  - 2-hour plasma glucose  $\geq 200$  mg/dL during an oral glucose tolerance test **or**
  - In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random please glucose  $\geq 200$  mg/dL
- **Homeless in the past 12 months** – patient has experienced homelessness in the 12 months preceding TB diagnosis evaluation
- **Homeless ever** – patient has ever experienced homelessness

Someone experiencing homelessness may:

- Have no fixed, regular, and adequate nighttime residence
- A nighttime residence that is an operated shelter designed to provide temporary living, an institution that provides temporary residences for individuals intended to be institutionalized, a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for humans
- Be in unstable housing situations, such as couch surfing

## Other risk factors (continued)

- **Resident of a correctional facility at diagnostic evaluation** – The patient was incarcerated or detained in a jail, prison, or other detention center when TB diagnostic evaluation was performed or initiated.
- **Resident of a correctional facility ever** – patient has ever been incarcerated or detained in a jail, prison, or other detention center in their lifetime.
- **Resident of long-term care facility at time of diagnostic evaluation** – patient was a resident of a long-term care facility when TB diagnostic evaluation was performed or initiated.
- **Injecting drug use in the past 12 months** – Patient used injection drugs in the past 12 months not prescribed by a healthcare provider; involves the use of hypodermic needles and syringes and may be intravenous, subcutaneous, or intramuscular.

## Other risk factors (continued)

- **Noninjecting drug use in the past 12 months** – The patient was incarcerated or detained in a jail, prison, or other detention center when TB diagnostic evaluation was performed or initiated. Per CDC, marijuana should always be recorded as noninjecting drug use, regardless of whether marijuana is legal for medicinal or recreational use. Also includes the misuse of licensed or prescription drugs.
- **Heavy alcohol use in the past 12 months** – The National Institute on Alcohol Abuse and Alcoholism defines heavy alcohol use as binge drinking on 5 or more days in the month preceding diagnosis. Binge drinking is defined as a pattern of drinking that brings blood alcohol concentration levels to 0.08 g/dL. This typically occurs after four drinks for women and five drinks for men in about 2 hours.
- **TNF- $\alpha$  antagonist therapy** – Patient recently received, or was receiving, tumor necrosis factor-alpha antagonist therapy when TB diagnostic evaluation was performed or initiated (e.g., Remicade, Humira)
- **Post organ transplantation** – Patient has ever received a solid organ transplant (e.g., kidney, heart).



## Other risk factors (continued)

- **End-stage renal disease** – Patient has end-stage renal disease when TB diagnostic evaluation was performed or initiated (e.g., patient on dialysis).
- **Viral hepatitis (B or C only)** – Patient has **ever** had a diagnosis of hepatitis B or C (acute or chronic)
- **Other immunocompromise (other than HIV/AIDS)** – Patient is immunocompromised because of either a medical condition (e.g., leukemia, Hodgkin’s lymphoma, carcinoma of the head or neck), or immunosuppressive therapy, such as prolonged use of high-doses of corticosteroids.
- **Other (specify)** – Additional risk factors may be captured here and specified in free text.

**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 responses.  
 HIV Status

HIV Status: Negative  
 Collection Date:  
 Date Reported:

Tuberculin (Mantoux) Skin Test at Diagnosis

Result:  
 Date Placed:  
 Date Read:  
 MM of Induration:

Interferon Gamma Release Assay for Mycobacterium tuberculosis at Diagnosis

Test Result: Positive  
 Test Type: IGRA-QFT  
 Collection Date: 11/01/2023  
 Date Reported: 11/03/2023  
 Quantitative Test Result:  
 Quantitative Test Result Units:

Sputum Smear

Result:  
 Collection Date:  
 Date Reported:

Sputum Culture

Result:  
 Collection Date:  
 Date Reported:

Smear/Pathology/Cytology of Tissue or Other Bodily Fluids

Results:  
 Test Type:  
 Specimen Source:  
 Other Specimen Source:  
 Collection Date:  
 Date Reported:

Culture of Tissue or Other Bodily Fluids

Results:  
 Specimen Source:  
 Other Specimen Source:  
 Collection Date:  
 Date Reported:

Nucleic Acid Amplification Test Result

Results:  
 Specimen Source:  
 Other Specimen Source:  
 Collection Date:  
 Date Reported:

- Leave items blank or indicate “unknown” if no information available
- Important to enter result of test for infection if available (TST or IGRA)
- Enter HIV status if known

# HIV status

## ▣ HIV Status

HIV Status:

Collection Date:

Date Reported:

- Patient self-report of HIV status is not acceptable.
- HIV serology results must be documented.
- A positive test can be from any date
- A negative test result must be less than a year before the TB diagnostic evaluation
- Indicate as appropriate if test was not offered or if the client (or family) refused testing.

# Tuberculin skin test

## Tuberculin (Mantoux) Skin Test at Diagnosis

Result:  

Date Placed:  

Date Read:  

MM of Induration:

- A documented prior positive is acceptable, but not patient self report alone.
- Include induration.

# Interferon gamma release assay

Interferon Gamma Release Assay for Mycobacterium tuberculosis at Diagnosis

Test Result:

Test Type:

Collection Date:

Date Reported:

Quantitative Test Result:

Quantitative Test Result Units:

- A documented prior positive is acceptable, but not patient self report alone.
- Indicate if the IGRA performed was a QFT or a T-Spot.

**Chest Imaging**

[Collapse Subsections](#)

**22. Chest Radiograph and Other Chest Imaging Study Results**

**Initial Chest X-Ray Result:** Not consistent with TB  
**Initial Chest X-Ray Date:** 11/08/2023  
**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:**


- Leave items blank or indicate “unknown” if no information available
- Important to enter result of imaging if known

# Chest radiograph or other imaging results

- Imaging for someone diagnosed with LTBI should not be consistent with active TB disease.
- Consistent with TB includes hilar adenopathy, effusion, infiltrates, cavity, scarring consistent with TB.

## 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:  ▼

# LTBI Only Tab

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☐ **TBLISS Specific Questions**

[Collapse Subsections](#)

☐ **LTBI Treatment and Outcome**

- Leave items blank or indicate “unknown” if no information available
- Important to enter treatment information if known

Was LTBI Treatment Offered: Yes

25. LTBI Therapy Started?: Yes

Treatment Start Date: 11/15/2023

Specify Initial LTBI Regimen: Isoniazid/Rifapentine (3 months; 3HP)

Other Specify Initial LTBI Regimen:

Treating Provider Type: Health Department

Other Treating Provider Type:

Why LTBI Treatment Not Started:

Other Why LTBI Treatment Not Started:

26. Date Therapy Stopped: 01/15/2024

27. Treatment Administration (LTBI): Directly Observed Therapy (DOT)

28. Reason LTBI Therapy Stopped: Completed Treatment

Other 28. Reason LTBI Therapy Stopped:

NTSS State Case Number should be entered as 4 digit report year+ 2 letter state abbreviation + 9 digit alphanumeric number

NTSS state case number (YYYY-GA-ABCD56789):

Severe Adverse Event (select all that apply):

PLEASE IMMEDIATELY REPORT ALL ADVERSE EVENTS RESULTING IN HOSPITALIZATION OR DEATH TO CDC AT [LTBIDRUGEVENTS@CDC.GOV](mailto:LTBIDRUGEVENTS@CDC.GOV)

Client Initially Worked Up as a Presumptive TB Case but Active Disease Ruled Out: No

☐ **TBLISS Specific Questions**

[Collapse Subsections](#)

☐ **LTBI Treatment and Outcome**

- Leave items blank or indicate “unknown” if no information available
- Important to enter treatment information if known

Was LTBI Treatment Offered: Yes  
 25. LTBI Therapy Started?: Yes  
 Treatment Start Date: 11/15/2023  
 Specify Initial LTBI Regimen: Isoniazid/Rifapentine (3 months; 3HP)  
 Other Specify Initial LTBI Regimen:  
 Treating Provider Type: Health Department  
 Other Treating Provider Type:  
 Why LTBI Treatment Not Started:  
 Other Why LTBI Treatment Not Started:  
 26. Date Therapy Stopped: 01/15/2024  
 27. Treatment Administration (LTBI): Directly Observed Therapy (DOT)  
 28. Reason LTBI Therapy Stopped: Completed Treatment

Other 28. Reason LTBI Therapy Stopped:

NTSS State Case Number should be entered as 4 digit report year+ 2 letter state abbreviation + 9 digit alphanumeric number


NTSS state case number (YYYY-GA-ABCD56789):

Severe Adverse Event (select all that apply):

PLEASE IMMEDIATELY REPORT ALL ADVERSE EVENTS RESULTING IN HOSPITALIZATION OR DEATH TO CDC AT [LTBIDRUGEVENTS@CDC.GOV](mailto:LTBIDRUGEVENTS@CDC.GOV)


Client Initially Worked Up as a Presumptive TB Case but Active Disease Ruled Out: No

## Was LTBI treatment offered?

Was LTBI Treatment Offered:  


- Indicate if treatment was offered, whether or not the client started treatment


# LTBI therapy started

25. LTBI Therapy Started?: Yes 

- Indicate if the client started treatment for LTBI

# Treatment start date and regimen


Treatment Start Date: 11/15/2023 

Specify Initial LTBI Regimen: Isoniazid/Rifapentine (3 months; 3HP) 

Other Specify Initial LTBI Regimen:

- Indicate the first date the client took medication for LTBI, if known, and the regimen they were on.
  - Regimen options include:
    - Isoniazid (6 months; 6H)
    - Isoniazid (9 months; 9H)
    - Isoniazid/Rifapentine (3 months; 3HP)
    - Other (can specify) – use this for isoniazid/rifampin (3 months; 3HR)
    - Rifampin (4 months; 4R)
    - RIPE/HRZE (2 months) – for clients treated with full TB regimen for 8 weeks but then TB was ruled out at that point

# Treating Provider Type

Treating Provider Type:  

Other Treating Provider Type:

- Indicate the type of provider prescribing LTBI treatment
  - Options include:
    - Federally Qualified Health Center (FQHC)
    - Health Department
    - Other (can specify)
    - Private Provider
    - Urgent Care (e.g., Patient First, CVS Minute Clinic, etc.)

# Why LTBI treatment not started

Why LTBI Treatment Not Started:	<input type="text"/>
Other Why LTBI Treatment Not Started:	<input type="text"/>

- If the client didn't start treatment, indicate a reason, if known
  - Options include:
    - Drug shortage
    - History of previous treatment for TB or LTBI
    - Lost to follow up
    - Other
    - Patient refused
    - Provider decision
    - Treatment medically contraindicated
    - Treatment not offered based on local clinic guidelines
    - Unknown

# Treatment completion information

- If known, indicate the date therapy stopped
- Select all that apply for treatment administration
  - 3HP usually involves DOT or EDOT
  - 4R and others usually self-administered
- Select a reason therapy was stopped:
  - Completed treatment
  - Developed active TB disease
  - Lost to follow up
  - Not LTBI (clinician decision)
  - Other
  - Patient Choice
  - Pregnancy
  - Severe adverse event
  - Unknown

26. Date Therapy Stopped:  

(Use Ctrl to select more than one)

27. Treatment Administration (LTBI):

Directly Observed Therapy (DOT)

Electronic DOT (Video Enhanced Therapy)

Self-Administered

Unknown

**Selected Values:** Directly Observed Therapy (DOT)

28. Reason LTBI Therapy Stopped:  

Other 28. Reason LTBI Therapy Stopped:



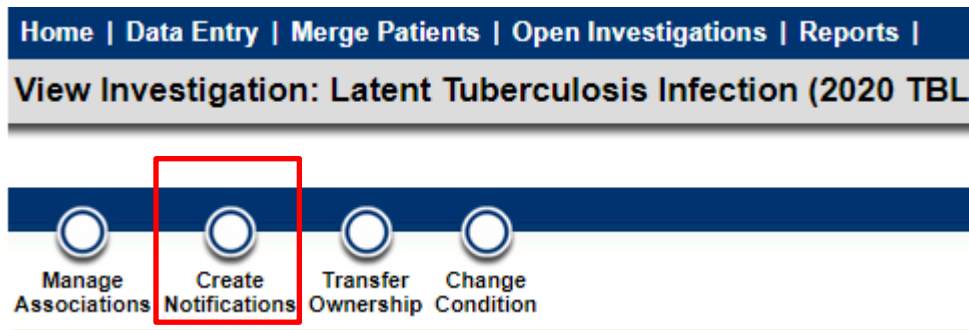
# Supplemental Info Tab

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

Patient	Case Info	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Contact Tracing	Contacts	Contact Records	Supplemental Info										
Go to: <a href="#">Associations</a>   <a href="#">Notes and Attachments</a>   <a href="#">History</a> <a href="#">Collapse Sections</a>																			
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# Submit a notification

- If your investigation meets the confirmed or suspect case status, you may submit a notification by hitting the “Create notification” button.



# 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)