



PUBLIC HEALTH

**ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON**

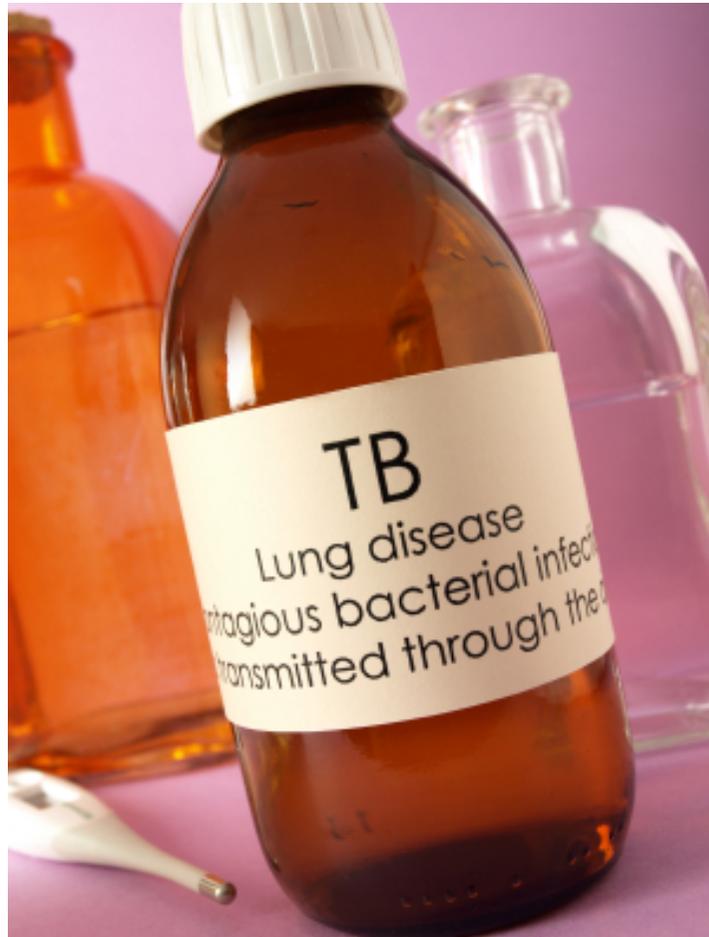
PHIMS TB Webinar: Enhancements
June 2012

Washington State Department of Health
TB Program

Introduction

Welcome/ Introductions

- **Put phones on mute – not on hold**
- **Please hold questions until the end of each topic**

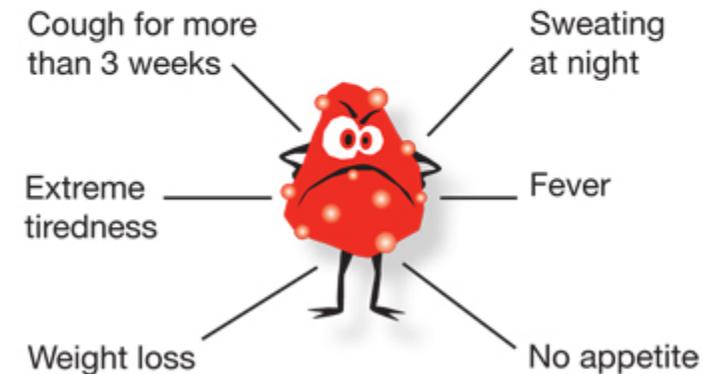


Your Friendly TB Program Staff:
Sheanne, Sherry, Julie, Temple, Justina, Cheryl,
Sandy & Shawn

Objectives

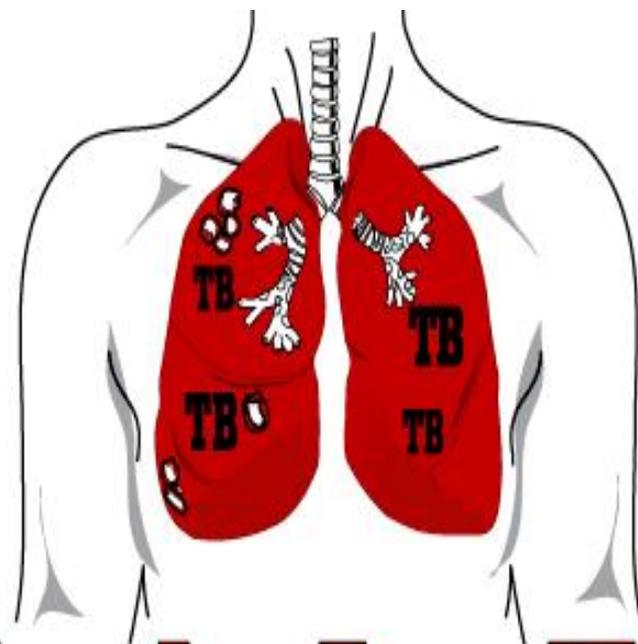
- Introduce 2012 enhancements to PHIMS TB
- Understand criteria for a Verified Case of TB
- Review commonly missed fields
- Update on enhancements to come

TB disease...
the germ is awake and
causing harm to the body.
It can cause these symptoms...



2012 Enhancements What's New?

- New Fields
- Unlocked Fields
- New Reports
- Updated Data dictionary



HEAR **A**CT **L**EARN **T**REAT
TUBERCULOSIS



New Fields

“Old” New Case Screen:

New Case

(* indicates a required field.)

Accountable LHJ: * **Date Reported**

Condition: *

Investigator: *

Last Name:

First Name:

Middle Name:

Birth Date:



“New” New Case Screen:

New Case

Please provide the initial information about the record.

(* indicates a required field.)

Accountable LHJ: *

Condition: *

Investigator: *

Last Name:

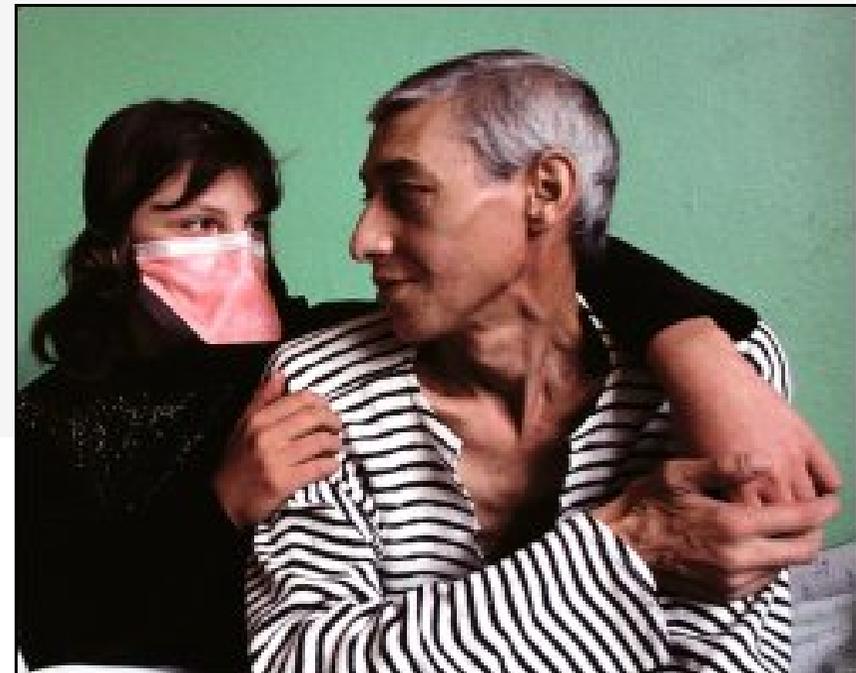
First Name:

Middle Name:

Birth Date:

LHJ Notification Date: *

Date LHJ Notified DOH:



 **“Old Report Now Button**

Report Now	Case Verification	Current Verification Status <input type="text" value="Suspect"/>
Last reported to DOH	Verification Status <input type="text"/>	<input type="button" value="v"/>



“New” Submit Now and Last Submitted to DOH

Submit Now

Case Verification

Last Submitted to DOH *5/22/2012 8:28:00 AM*

Last Name

Rabbit

First Name

Jessica

Address

1234 Old Hollywood Blvd

City

Acme



“Old” Patient Presented

1. Date Reported (mm/dd/yyyy)

Contact Investigation

Start Date (mm/dd/yyyy)

Date Patient Presented with

Symptoms (mm/dd/yyyy)

2. Date Submitted (mm/dd/yyyy)



“New” Patient Presented

1. LHJ Notification Date (mm/dd/yyyy)	<input type="text" value="05/12/2012"/>
Date LHJ Notified DOH (mm/dd/yyyy)	<input type="text" value="05/16/2012"/>
Contact Investigation	
Start Date (mm/dd/yyyy)	<input type="text" value="05/13/2020"/>
Date Patient Presented to Health Care System (mm/dd/yyyy)	<input type="text" value="02/14/2012"/>
2. Date RVCT First Submitted to DOH (mm/dd/yyyy)	<input type="text" value="05/22/2012"/>

“Old” Month-Year Arrived in US

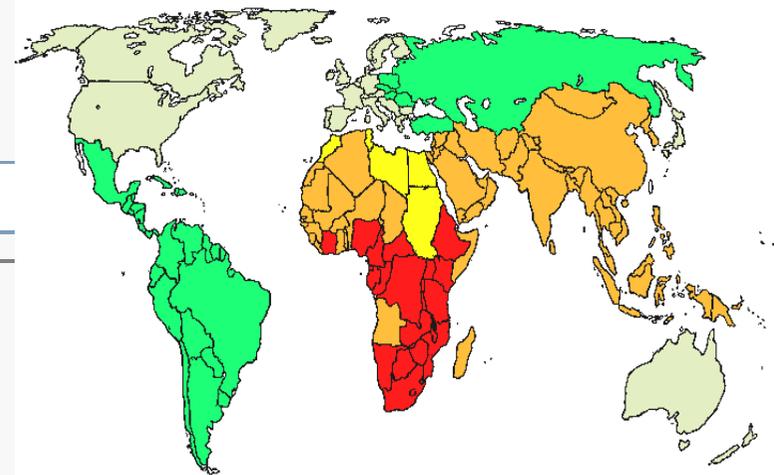
12. Country of Birth

“US-Born” (or born abroad to a parent who was a US citizen (select one))

Yes No

Country of birth: specify

13. Month-Year Arrived in US (mm/yyyy)



“New” Date Arrived in US

12. Country of Birth

“US-Born” (or born abroad to a parent who was a US citizen (select one)

Yes No

Country of birth: specify

13. Month-Year Arrived in US (mm/yyyy)

Immigrant/Refugee Classification



- A - TB with waiver
- B1 - Pulmonary TB with documented treatment completion
- B1 - Extrapulmonary
- B2 - LTBI Evaluation
- B3 - Contact Evaluation



“Old” Sputum Collection

18. Sputum Culture (select one)

Positive Not Done

Date Collected(mm/dd/yyyy):

Date Result Reported (mm/dd/yyyy)

Negative Unknown

Reporting Laboratory Type (select one): Public Health Laboratory Commercial Laboratory Other

“New” Sputum Collection

18. Sputum Culture (select one)

Positive Not Done

Negative Unknown

Date Collected(mm/dd/yyyy):



Date Lab Received

(mm/dd/yyyy)

Date Result Reported

(mm/dd/yyyy)

Reporting Laboratory Type (select one): Public Health Laboratory Commercial Laboratory Other

“Old” Culture of Tissue and Other Body Fluids

20. Culture of Tissue and Other Body Fluids (select one)

Positive Not Done

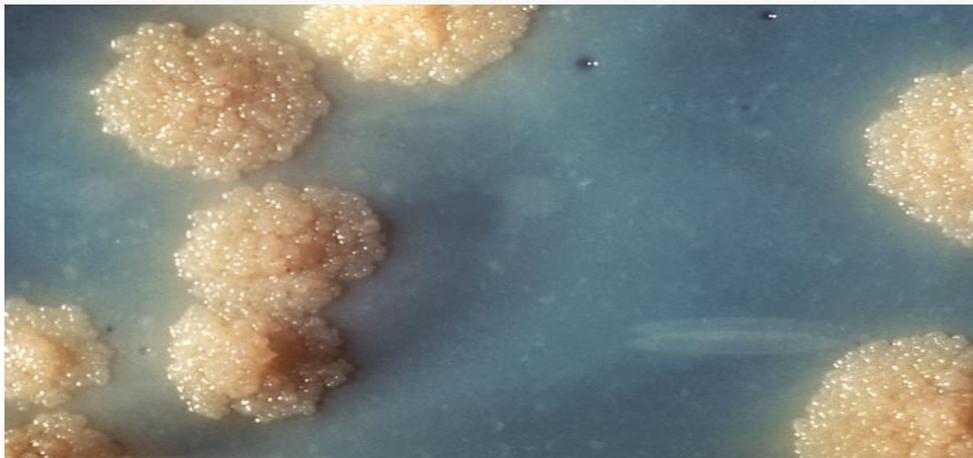
Negative Unknown

Date Collected (mm/dd/yyyy)

Enter anatomic code (see list)

Date Result Reported (mm/dd/yyyy)

Reporting Laboratory Type (select one): Public Health Laboratory Commercial Laboratory Other



“New” Culture of Tissue and Other Body Fluids

19. Smear/Pathology/Cytology of Tissue and Other Body Fluids (select one)

Positive Not Done

Negative Unknown

Date Collected(mm/dd/yyyy)

Date Lab Received(mm/dd/yyyy)

Date Result Reported(mm/dd/yyyy)



“Old Initial Chest Radiograph and.....”

Initial Chest Radiograph and Other Chest Imaging Study:

22A. Initial Chest Radiograph:

Normal Abnormal* (consistent with TB) Not Done Unknown

(select one)

*For ABNORMAL Initial Chest Radiograph:

Evidence of a cavity (select one):

Yes No Unknown

Evidence of miliary TB (select one):

Yes No Unknown

22B. Initial Chest CT Scan or Other Chest

Normal Abnormal* (consistent with TB) Not Done Unknown

Imaging Study (select one):

*For ABNORMAL Initial Chest Radiograph:

Evidence of a cavity (select one):

Yes No Unknown

Evidence of a miliary TB (select one):

Yes No Unknown



“New” Initial Chest Radiograph and.....

Initial Chest Radiograph and Other Chest Imaging Study:

22A. Initial Chest Radiograph: Normal Abnormal* (consistent with TB) Not Done Unknown Date CXR Done (mm/dd/yyyy)
 (select one) *For ABNORMAL Initial Chest Radiograph: Evidence of a cavity (select one): Yes No Unknown
 Evidence of miliary TB (select one): Yes No Unknown

22B. Initial Chest CT Scan or Other Chest Normal Abnormal* (consistent with TB) Not Done Unknown Date Scan/Imaging Done (mm/dd/yyyy)
 Imaging Study (select one):

*For ABNORMAL Initial Chest Radiograph: Evidence of a cavity (select one): Yes No Unknown
 Evidence of a miliary TB (select one): Yes No Unknown

New Fields

“Old” TST at Diagnosis



23. Tuberculin (Mantoux) Skin Test at Diagnosis(select

one)

Positive Not Done

Negative Unknown

Date Tuberculin Skin Test (TST) Placed

(mm/dd/yyyy):

Millimeters (mm)

of induration:



“New” TST Previous Positive

23. Tuberculin (Mantoux) Skin Test at Diagnosis(select one)

- Positive Not Done
 Negative Unknown

Date Tuberculin Skin Test (TST) Placed
(mm/dd/yyyy):

Millimeters (mm)
of induration:

Date Previous Documented Positive TST
(mm/dd/yyyy)

Millimeters (mm)
of induration:



“Old” IGRA at Diagnosis

24. Interferon Gamma Release Assay

for *Mycobacterium tuberculosis* at Diagnosis (select one)

- Positive Not Done
 Negative Unknown
 Indeterminate

Date Collected (mm/dd/yyyy):

Test type:



“New” IGRA

24. Interferon Gamma Release Assay

for *Mycobacterium tuberculosis* at Diagnosis (select one)

- Positive Not Done
 Negative Unknown
 Indeterminate

Previous Documented IGRA (select one)

- Positive Negative
 Indeterminate

Date Collected (mm/dd/yyyy):

09/29/2010

Test type:

QFG

Date of Previous Documented IGRA Collected (mm/dd/yyyy):

Test type:

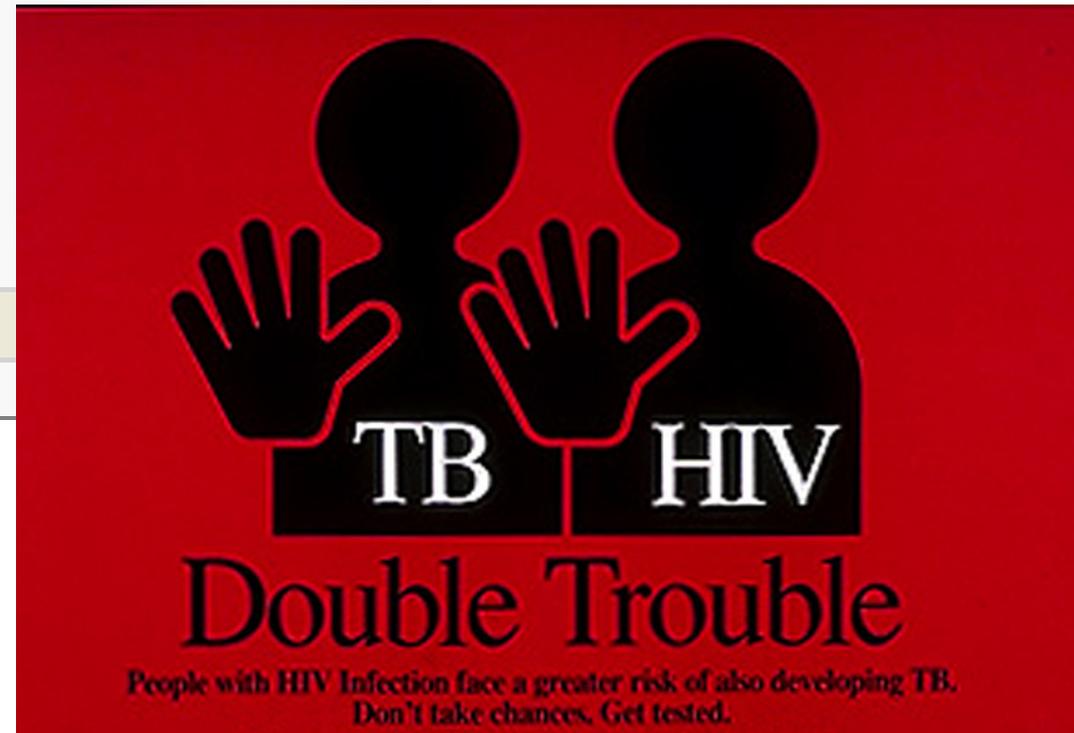
“Old” HIV Status

26. HIV Status at Time of Diagnosis (select one)

- Negative Indeterminate Not Offered Unknown
- Positive Refused Test Done, Results Unknown

If POSITIVE enter:

State HIV/AIDS Patient Number:





“New” HIV Status

26. HIV Status at Time of Diagnosis (select one)

- Negative
 Indeterminate
 Not Offered
 Unknown
 Positive
 Refused
 Test Done, Results Unknown

Date of Negative Test Results(mm/dd/yyyy):



If POSITIVE enter:

Date of First Positive Test (mmddyyyy):

State HIV/AIDS Patient Number:



“Old” Date Therapy Started

36. Date Therapy Started (mm/dd/yyyy)



“New” Date Therapy Started

36. Date Therapy Started (mm/dd/yyyy)

Anticipated Treatment Duration



Other (specify)



Verified Case of TB

The criteria for determining a laboratory confirmed case are:

- isolation of *M. tuberculosis* complex from a clinical specimen

OR

- demonstration of *M. tuberculosis* complex from a clinical specimen by nucleic acid amplification test

OR

- demonstration of acid-fast bacilli in a clinical specimen when a culture has not been or cannot be obtained or is falsely negative or contaminated.

Verified Case of TB

Clinical Case Definition: In the absence of laboratory confirmation of *M. tuberculosis* complex after a diagnostic process has been completed, persons must have **all** of the following criteria for clinical TB:

- **Evidence of TB infection based on a positive tuberculin skin test result or positive interferon gamma release assay for *M. tuberculosis***

AND

One of the following:

- **(1) Signs and symptoms compatible with current TB disease, such as an abnormal chest radiograph or abnormal chest computerized tomography scan or other chest imaging study,**

OR

- **(2) Clinical evidence of current disease (e.g., fever, night sweats, cough, weight loss, hemoptysis)**

AND

- **Current treatment with two or more anti-TB medications**

Verified Case of TB

“Provider Diagnosis” is selected when the user chooses to override a “Suspect” default value in the case verification screen as “Verified by Provider Diagnosis.” Thus, “Provider Diagnosis” is not a component of the case definition for TB in the current “Tuberculosis Case Definition for Public Health Surveillance” (Appendix A). CDC’s national morbidity reports have traditionally included all TB cases that are considered verified by the reporting areas, without a requirement that cases meet the published case definition



Verified Case of TB

- Other species in the Mycobacterium tuberculosis complex include *M. africanum*, *M. microti*, *M. canettii*, *M. caprae*, and *M. pinnipedii*. These seven species are almost identical in DNA homology studies. In terms of their ability to cause clinical disease or be transmissible from person to person, *M. bovis*, *M. africanum*, *M. microti*, *M. canettii*, *M. caprae*, and *M. pinnipedii* behave like *M. tuberculosis*; therefore, disease caused by any of the organisms should be reported as TB, using the Report of Verified Case of Tuberculosis (RVCT).
- The only exception is the BCG strain of *M. bovis*, which may be isolated from persons who have received the vaccine for protection against TB or as cancer immunotherapy; disease caused by the BCG strain of *M. bovis* should not be reported as TB.

Commonly Missed Fields

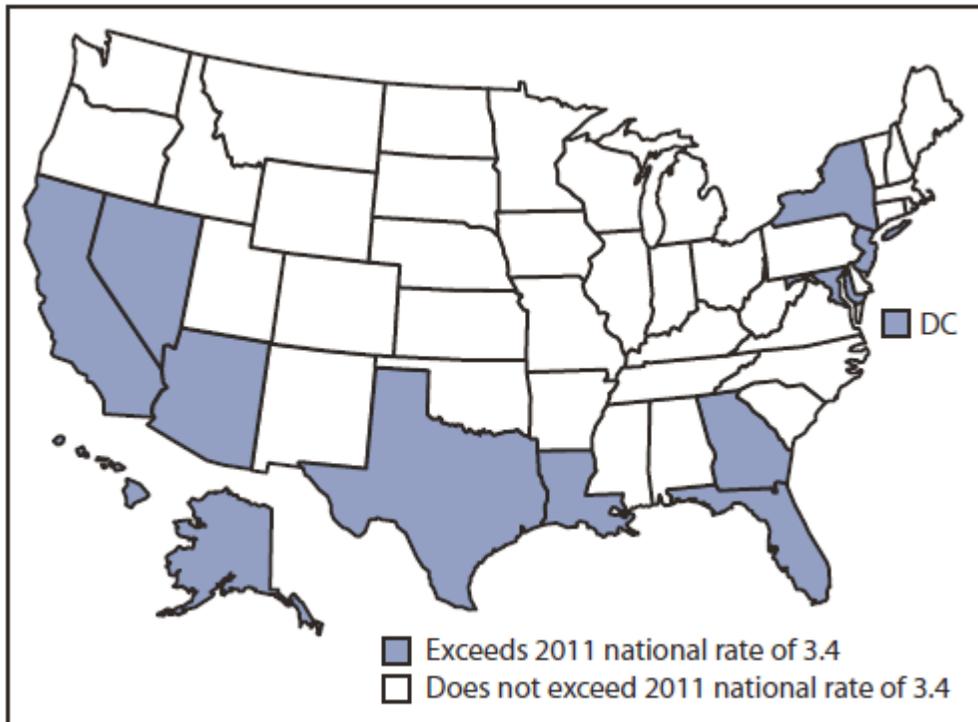
- **14 Pediatric TB patients**
- **21 Nucleic acid amplification test**
- **22B Initial chest CT scan or other chest imaging study**
- **24 Interferon gamma release assay**
- **25 Primary reason evaluated for TB disease**
- **34 Additional TB risk factors**
- **35 Immigration status**
- **42 Moved**
- **45 Reason therapy was extended for more than 12 months**

Commonly Missed Fields

- Data can now be collected on noncountable TB cases to help identify specific cases for analysis and help measure TB morbidity and case management burden.
- Additional new variables include TB risk factors, such as diabetes, end-stage renal disease, immunosuppressive therapy, and the use of tumor necrosis factor-alpha antagonists.



Coming soon to a PC near you.....



- TIMS to PHIMS
- PHIMS TB Contacts
- Continue to improve PHIMS format to capture case management data (e.g. drug-o-gram)

- Tuberculosis Guidelines

<http://www.doh.wa.gov/PublicHealthandHealthcareProviders/NotifiableConditions/Tuberculosis.aspx>

- TB Services Manual

<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/ProviderMaterials/TBServicesManual.aspx>

- CDC RVCT Manual

<http://www.cdc.gov/tb/programs/rvct/InstructionManual.pdf>



Contact Information

TB Services Program

Phone: 360-236-3443 (main line)

Fax: 360-236-3405

Informatics Office

phone: 1-877-889-3377

e-mail: informatics.csc@doh.wa.gov



**Report of Verified Case
of Tuberculosis (RVCT)**

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