

# Washington Disease Reporting System TB Contact Instruction Manual

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Washington State Department of Health Tuberculosis Program



2017

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### KEY to Symbols



Pay particular attention



WDRS new TB specific questions (not in PHIMS)



Remember to Save the patient record



CDC RVCT Manual: [https://www.cdc.gov/tb/programs/rvct/participantmanual\\_compress.pdf](https://www.cdc.gov/tb/programs/rvct/participantmanual_compress.pdf)



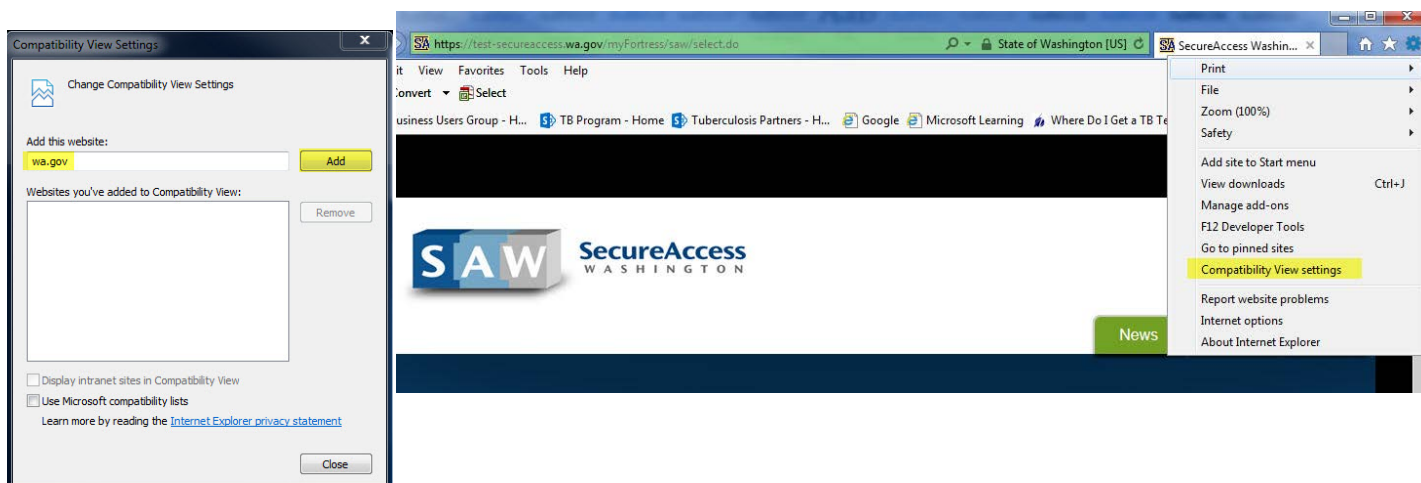
### Questions?

Contact the Washington State Department of Health TB Program

Email [TBServices@doh.wa.gov](mailto:TBServices@doh.wa.gov), Phone: (360) 236-3443

## Getting Started

The Washington Disease Reporting System (WDRS) TB Disease module is used to report suspect and confirmed cases of Tuberculosis (TB). When logging into SAW, adjust your **Compatibility View settings** in Internet Explorer to avoid WDRS freezing issues by clicking on the 'Tools' icon on the top right hand corner of the page. Select **Compatibility View settings** from the dropdown menu and a pop-up menu will appear. Select **wa.gov** from the 'Add this website' window and click on the 'Add' button to drop the website down to the 'Websites you've added to Compatibility View' field. Click the 'Close' button and continue to log into SAW as normal.



Once you are logged into WDRS through SAW, search for a patient or create a new patient record from the WDRS Home screen. For guidance on how to **Create a New Event** (Patient Record) or **Search for a Patient** in this Reporting database, refer to the general [WDRS Reference Guide](#).

Washington Disease Reporting System Staging 02/20/2017 Enter Case ID or Search Term...

### Workflows

Workflow Queue	Events
No workflows to display	

[More ...](#)

### Tasks

Type	Priority	Full Name	Disease
No tasks to display			

[More ...](#)

### Recent Cases

Event ID	Full Name	Disease
No Recent Cases		

[More ...](#)

### Welcome To Washington Disease Reporting System Staging 02/20/2017

This is customizable area for deployment specific dashboard content. To get started, please review the latest [user guide](#).

#### Calendar

[Manage appointments](#)

### Activity

#### Activity Summary as of 02/22/2017 02:41 PM



Type	# Last Week	# Average Last 4 Weeks	# Last 52 Weeks
Lead adult	1	0	1
TB contact	3	0	3
TB disease	58	14	58
TB infection	1	0	1














### Help Desk

[Contact Us](#)  
1-800-SUPPORT

[Email Us](mailto:help@support.org)  
[help@support.org](mailto:help@support.org)

Once you have created, or found, a patient event (patient record), the **Event Summary** screen will be displayed. At the bottom of the page, there is an **Event Data** tab with a series of **Question Packages** to add information about the TB contact case including: **Administrative, Demographics, Risk, Diagnostics and Evaluation, Treatment, and Additional Information**. To open a Question Package, double click on the Question Package name or single click to highlight the name and click on the 'View Question Package' button at the bottom of the list.

Washington Disease Reporting System - Jan 27, 2017   Enter Case ID or Search Term... [Search](#) [Heidi Iya](#)

**Event Summary**
x

Basic Information	
Event ID:	100000040
External ID:	100000040
Disease:	TB contact
Person:	<a href="#">Minnie Mouse</a> Birth Date: 10/30/1996 ( 20 yo Female )
Dates:	Create Date: 01/30/2017
Type:	Interactive
Investigation Status:	Open
Linked Events/Contacts:	0 linked event(s)/contact(s) ( <a href="#">View</a> )
Linked Exposure Sites:	0 linked exposure site(s) ( <a href="#">View</a> )
Attachments:	0 attachment(s) ( <a href="#">Add</a> )

[Edit Event Properties](#)
[Copy Event](#)

**Notes** ([Add/Edit](#) | [Show My Notes](#))

[Event Data](#)
[Lab Results](#)
[Concerns](#)
[Persons](#)
[Tasks](#)
[Surveys](#)
[Calendar](#)
[Event Properties](#)
[Event History](#)

Question Packages				
Question Package	Person	Last Update	Updated By	Status
Administrative	Minnie Mouse	01/30/2017	Heidi Iyall [hiyall]	Completed
Demographics	Minnie Mouse	01/30/2017	Heidi Iyall [hiyall]	Completed
Risk	Minnie Mouse	01/30/2017	Heidi Iyall [hiyall]	Incomplete
Diagnostics and Evaluation	Minnie Mouse	01/30/2017	Heidi Iyall [hiyall]	Completed
Treatment	Minnie Mouse	01/30/2017	Heidi Iyall [hiyall]	Incomplete
Additional Information	Minnie Mouse	01/30/2017	Heidi Iyall [hiyall]	Completed

[View Question Package](#)



In each question package, any question marked by an asterisk (\*) indicates a RVCT reporting field that must be completed before a case is closed. Until each of these fields is complete, the status in each question package will remain 'incomplete.'

Answer questions in order, from the top to bottom of the page. Some questions have additional drop down questions that may not be visible until you select and answer the question in view. **Please note:** the WDRS system will automatically time out due to inactivity

after 20 minutes. Be sure to save the date you input in each question package by either clicking on the 'Save and Stay' button or 'Save' button (this takes you back to the **Event Summary** screen).





Regarding date fields, if a date is completely unknown, leave the field blank. If year is known, but the month unknown, use '7' for the month of July. If day of the month is unknown, use '15' for the day of the month. If year is unknown, leave it blank or use your best guess.



Additionally, some grayed out fields do not allow changes to be made. If changes to these fields are needed, make the change on the page where the information was originally entered. For example, refer to the 'Person' tab on the **Event Summary** page to add addresses, or change vital demographics. Some grayed out fields can only be changed by Washington State Department of Health (DOH) TB Program. Refer to the [WDRS Reference Guide](#) for more details.

## Event Data Tab – Administrative

Washington Disease Reporting System - Jan 27, 2017   Enter Case ID or Search Term... [Search](#) [Heidi Iya](#)

**Administrative - Minnie Mouse - TB contact** [Jump To...] [Save](#) [Save & Stay](#) [Cancel](#)

[+ Expand Details](#)

Administrative	
Accountable county	<input type="text"/>
Investigator	<input type="text"/>
Date LHJ notified DOH	01/30/2017
Override accountable county	<input type="text"/>



Case Numbers	
State contact number	2017WACON170001
Linking case number	<input type="text"/>

Address Reporting	
<a href="#">Select reporting address</a>	
Street address	<input type="text"/>
City	<input type="text"/>
Within city limits	<input type="text"/>
County	<input type="text"/>
State	<input type="text"/>
Zipcode	<input type="text"/>
Country	<input type="text"/>
Is treatment address different than reporting address?	<input type="text"/>
Is current address different than reporting address?	<input type="text"/>

Comments	
Comments	<input type="text"/>

[Save](#) [Cancel](#) [Help](#)

## Administrative

Washington Disease Reporting System - Jan 27, 2017   Enter Case ID or Search Term... [Search](#) [Heidi Iya](#)

**Administrative - Minnie Mouse - TB contact** [Jump To...] [Save](#) [Save & Stay](#) [Cancel](#)

[+ Expand Details](#)

Administrative	
Accountable county	<input type="text"/>
Investigator	<input type="text"/>
Date LHJ notified DOH	01/30/2017
Override accountable county	<input type="text"/>

## Accountable County

This field will autofill based on the reporting address of the patient, which was entered when the event was originally created. To populate the field, click on the 'Select reporting address' link in the middle of the **Administrative** page. A pop-up menu will appear. Click on 'Select an Official Address' next to the correct address. This will populate fields in the address section, and 'Accountable County,' on the Administrative page. You will only be able to access events in your own jurisdiction. For case sharing with other users in your jurisdiction, the access is defined by the 'Accountable County' field. 'Accountable County' can be overridden using the field to the right labeled 'Override Accountable County' explained below.

### Override Accountable County – DOH Only

This field is available to override the 'Accountable County,' in the instance that the person is not being cared for in their county of residence. For example, if a patient lives in Everett but is being cared for at Harborview Medical Center in Seattle, and Seattle is going to count the case, this field will allow King County to be selected at the Accountable County. If this field needs to be utilized, contact the [DOH TB Program](#).

## Investigator

This field is entered based on the primary data case manager for this case. This can be changed to another investigator in your jurisdiction. For transfers outside of your jurisdiction, contact the [DOH TB Program](#).

## Date LHJ notified DOH

This is the date the LHJ first notified the DOH TB Program through various methods of notification. Field defaults to current date but can be changed manually.

## Case Numbers

Case Numbers	
State contact number	2017WACON170001
Linking case number	

### State contact number

This field will autofill an assigned contact number once the contact event is created.

### Linking case number

This field is used to epidemiologically link cases. Refer to the [WDRS Reference Guide](#) for instructions on how to link cases. This field links cases for the following reasons:

- Recurrence, or previous diagnosis of TB

- Epidemiologically linked case
- Case transferred from another area
- Other
  - If 'Other' is selected, an additional an open comment box will appear to specify. If more than one linked case is needed, the 'Add New' link will provide drop down fields. For more information about linking cases, refer to the [CDC RVCT Manual](#) (29).



## Address Reporting

Address Reporting	
Select reporting address	
Street address	<div></div>
City	<div></div>
Within city limits	<div>▼</div>
County	<div></div>
State	<div></div>
Zipcode	<div></div>
Country	<div></div>
Is treatment address different than reporting address?	<div>▼</div>
Is current address different than reporting address?	<div>▼</div>

### Street Address

This field is selected by clicking on the 'Select reporting address' link, which will pull up a list of all addresses related to this person. To select the correct reporting address, locate the address on the list and click 'Select as Official Address' on the right hand column. Along with street address, the City, County, State, Zip code and Country will autofill.

### Within City Limits

Select 'Yes' or 'No,' to indicate if the address is within city limits.

### Is treatment address different than reporting address?

Select 'No', if addresses do not differ.

Select 'Yes', if the patient is being treated at a different location than the patient's residence being reported in records, labs, etc. This can be especially helpful if you are a Disease Intervention Specialist (DIS) that is meeting a patient at his or her workplace or another family residence as requested by the patient. Additional fields will become visible once 'Yes' is



selected. Again, this address must be added to the 'Person' page before this optional address is available by clicking on the 'Select treatment address' link. To edit address information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient.

### Is current address different than reporting address?

Select 'No,' if addresses do not differ.

Select 'Yes,' if the addresses differ. For instance, this area can be useful if a patient is currently staying at a nursing home and is retaining their primary residence. Additional fields will become visible once 'Yes' is selected. Again, this address must be added to the 'Person' page before this optional address is available by clicking on the 'Select current address' link. To edit address information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient.

## Comments





### Comments and command buttons




Insert additional comments in this field. Click 'Save' button to save your changes and return to the **Event Summary** screen. A 'Cancel' and 'Help' button are also available options.


## Event Data Tab – Demographics

Washington Disease Reporting System - Jan 27, 2017   Enter Case ID or Search Term... [Search](#) [Heidi Iya](#)

**Demographics - Minnie Mouse - TB contact** [Jump To...] [Save](#) [Save & Stay](#) [Cancel](#)

 [Expand Details](#)

Patient Name at Event	
First Name	<input type="text" value="Minnie"/>
Middle Name	<input type="text"/>
Last Name	<input type="text" value="Mouse"/>

General Demographics	
Country of birth	<input type="text" value=""/>
Preferred language	<input type="text"/> 
Translator needed?	<input type="text"/>

Ethnicity	
Ethnicity	<input type="text"/>

Race	
Race	<input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White

Sex at birth	
Sex at birth	<input type="text" value="Female"/>

Contact Location	
Did contact move during investigation?	<input type="text"/>



Patient Age	
Birth Date	<input type="text" value="10/30/1996"/>
Age of patient	<input type="text" value="20"/>

Comments	
Comments	<div></div>


Regular Line Break	
No data required for this section	

[Save](#) [Cancel](#) [Help](#)

## Patient Name at Event

Washington Disease Reporting System - Jan 27, 2017   Enter Case ID or Search Term...  Heidi Iy...

Demographics - Minnie Mouse - TB contact [Jump To...] Save Save & Stay Cancel






 Expand Details

Patient Name at Event	
First Name	Minnie
Middle Name	
Last Name	Mouse

## First Name, Middle Name, and Last Name

Fields autofill from contact name entered in the 'Person' page when a new event was created. To edit name information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient.

### General Demographics

General Demographics	
Country of birth	
Preferred language	 
Translator needed?	
Ethnicity	
Race	<input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
Sex at birth	Female

## Country of birth

County of birth MUST BE indicated regardless of US born status. This includes those born in one of the fifty states or the District of Columbia, in which you would indicate 'USA' as their country of birth.

## Preferred language

Indicate the language the patient prefers for communication by selecting the search icon and searching for the name of the language. If you are unsure of spelling you can use the 'wildcard function,' by enter the first couple letters of the word you are searching for followed by an asterisk (e.g. for a search of English you could type En\*). This would pull up all languages that start with 'En'). Once you have found the desired language, double click on the language or single click on the language and click the 'Select' button. You can remove languages with the trash icon next to the window.

## Translator needed?

Select 'Yes,' 'No,' or 'Unknown' if the patient needs/prefers an interpreter for services.

## Ethnicity

Choose 'Hispanic or Latino' or 'Not Hispanic or Latino.' This field is self-reported. Hispanic or Latino description includes if patient considers themselves Cuban, Mexican, Puerto Rican, South or Central American, or of another Spanish culture or origin, regardless of race. See [CDC RVCT Manual](#) (58).



## Race

This field is also self-reported and allows for one or more selections, which include American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; or White.

If Asian or Native Hawaiian or Other Pacific Islander is selected, drop downs will appear to further specify the classification. For definitions of each category visit [CDC RVCT Manual](#) (60).



## Sex at birth

This field will autofill based on the gender selected on the initial 'Person' page upon being created. It should be entered as the biological sex of the patient at birth.

To edit 'Sex at birth' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient.

## Contact Location

Contact Location	
Did contact move during investigation?	Yes ▼
Where did contact move? ⓘ	Out of the US ▼ <a href="#">Add New</a>
What country did contact move to?	▼
If moved during treatment was interjurisdictional notification sent?	Yes ▼
Date interjurisdictional notification sent	03/01/2017

## Did contact move during therapy? [CDC RVCT Manual](#) (174)

If 'Yes' is selected then a dropdown will appear to collect details.



### Where did the contact move?

Options are:

- In state (out of jurisdiction);
- Out of State; or
- Out of Country.

- Select 'Add New' for additional moves

#### What county/state/country did contact move to?

Based on type of move, you must then answer what specific location where moved.

#### If moved during treatment was interjurisdictional notification sent?

Options are 'yes' and 'no.'

#### Date interjurisdictional notification sent

Enter date notification sent.

## Patient Age

Patient Age	
Birth Date	10/30/1996
Age of patient	20

## Birth Date

This field will autofill based on the birth date selected on the initial 'Person' entry when the TB contact was created. To edit 'Birth Date' information, return to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient.

## Age of patient

This field will autofill from the birth date selected on the initial 'Person' entry when the TB contact was created. If age of contact is incorrect, edit 'Birth Date' information by returning to the **Event Summary** page and select the 'Persons' tab. Click the 'Edit Person' button to manage information about the patient.

## Comments



Comments	
Comments	<div></div>
Save	Cancel Help

## Comments and command buttons



Insert additional comments in this field. Click 'Save' button to save your changes and return to the **Event Summary** screen. A 'Cancel' and 'Help' button are also available options.





## Event Data Tab – Risk

Washington Disease Reporting System - Jan 27, 2017   Enter Case ID or Search Term... [Search](#) [Heidi](#)

**Risk - Minnie Mae Mouse - TB contact** [Jump To...] [Save](#) [Save & Stay](#) [Cancel](#)

[+ Expand Details](#)

History	
* History of BCG	<input type="text" value=""/>
* Does patient have previous history of TB disease?	<input type="text" value=""/>
* Does patient have previous history of TB infection?	<input type="text" value=""/>
* Risk factors for transmission	<input type="checkbox"/> Household <input type="checkbox"/> Congregate settings <input type="checkbox"/> Exposed during medical procedure <input type="checkbox"/> Excess risk due to exposure setting/duration


Exposure	
* Date of last exposure	<input type="text" value="MM/DD/YYYY"/> 
* Date contact identified	<input type="text" value="MM/DD/YYYY"/> 
* Date contact interviewed	<input type="text" value="MM/DD/YYYY"/> 
* Date contact evaluation initiated	<input type="text" value="MM/DD/YYYY"/> 
Priority of contact	<input type="text" value=""/>
* Index smear result	<input type="text" value=""/>
* Index chest radiograph test	<input type="text" value=""/>
* Index drug resistance	<input type="checkbox"/> Isoniazid <input type="checkbox"/> Rifampin <input type="checkbox"/> Pyrazinamide <input type="checkbox"/> Ethambutol <input type="checkbox"/> Streptomycin <input type="checkbox"/> Other
* Index TB site (select all that apply)	<input type="checkbox"/> Pulmonary <input type="checkbox"/> Pleural <input type="checkbox"/> Lymphatic: Cervical <input type="checkbox"/> Lymphatic: Intrathoracic <input type="checkbox"/> Lymphatic: Axillary <input type="checkbox"/> Lymphatic: Other <input type="checkbox"/> Lymphatic: Unknown <input type="checkbox"/> Laryngeal <input type="checkbox"/> Bone and/or joint <input type="checkbox"/> Genitourinary <input type="checkbox"/> Meningeal <input type="checkbox"/> Peritoneal <input type="checkbox"/> Site not stated <input type="checkbox"/> Other

Comments	
Comments	<input type="text"/>

## History

History	
* History of BCG	Yes ▾
Year of BCG (yyyy)	<input type="text"/>
* Does patient have previous history of TB disease?	Yes ▾
Year of previous TB diagnosis (yyyy)	<input type="text"/>
Previous treatment completed for TB disease?	Yes ▾
Year of previous TB treatment (yyyy)	1989 <a href="#">Add New</a>
* Does patient have previous history of TB infection?	Yes ▾
Year of previous TB diagnosis (yyyy)	2000 <a href="#">Add New</a>
Previous treatment completed for TB infection?	Yes ▾
Year of previous treatment for TB infection (yyyy)	<input type="text"/>
* Risk factors for transmission	<input type="checkbox"/> Household <input type="checkbox"/> Congregate settings <input type="checkbox"/> Exposed during medical procedure <input type="checkbox"/> Excess risk due to exposure setting/duration

### History of BCG

Indicate if the patient self-reports they have received the Bacillus Calmette–Guérin (BCG) vaccine, primarily given to newborns in countries where TB is common. Note: BCG has also been used as part of treatment for bladder cancer. Genotyping can confirm this strain of BCG related Bovis, which is not a reportable condition. See [CDC RVCT Manual](#) (205). 

#### Year of BCG (yyyy)

Indicate the year the patient received the BCG vaccine. If unknown, enter best estimate or leave blank.

If multiple vaccines were given, you can enter additional years with the “Add New” link that appears after entering the first year. Add years in chronological order. Refer to [www.bcgatlas.org](http://www.bcgatlas.org) for further information.

### Does the patient have previous history of TB disease?

Indicate ‘Yes’ or ‘No.’ If ‘Yes’ is selected, then additional fields will appear to ask for details.

#### Year of previous TB (disease) diagnosis (yyyy)

Indicate the year the patient was previously diagnosed with TB disease.

- If unknown, leave blank
- If the patient has been diagnosed with TB Disease more than once, select ‘Add New’ to enter the additional diagnosis information in chronological order.

#### Previous treatment completed for TB disease?

If ‘Yes’, these additional questions will appear:

#### Year of previous TB treatment (yyyy)

Enter the year that the previous treatment for TB disease was completed. If

unknown, leave blank. If the patient has completed TB Disease treatment more than once, select 'Add New' to enter the additional treatment year.

### Does the patient have previous history of TB infection?

Indicate 'Yes' or 'No.' If 'Yes' is selected, then additional fields will appear to ask for details.

#### Year of previous TB (infection) diagnosis (yyyy)

Indicate the year the patient was previously diagnosed with TB infection.

- If unknown, leave blank
- If the patient has been diagnosed with TB infection more than once, select 'Add New' to enter the additional diagnosis information in chronological order.

#### Previous treatment completed for TB infection?

If 'Yes', these additional questions will appear:

#### Year of previous treatment for TB infection (yyyy)

Enter the year that the previous treatment for TB infection was completed. If unknown, leave blank. If the patient has completed TB infection treatment more than once, select 'Add New' to enter the additional treatment year.

### Risk factors for transmission

Check all answers that apply. Click in the box next to the area(s) where the patient may have been exposed to TB: 'Household,' 'Congregate settings,' 'Exposed during medical procedure,' or 'Excess risk due to exposure setting/duration.'

### Exposure

Exposure	
* Date of last exposure	02/01/2017
* Date contact identified	02/15/2017
* Date contact interviewed	02/16/2017
* Date contact evaluation initiated	02/17/2017
Priority of contact	High
* Index smear result	Smear +
* Index chest radiograph test	Abnormal (consistent with TB)
Evidence of cavitory	Yes

#### Date of last exposure

Indicate most recent date of potential exposure to patient with *M. tuberculosis*.

#### Date contact identified

Indicate initial date contact was identified by investigator.



## Date contact interviewed

Indicate initial date contact was interviewed by investigator.

## Date contact evaluation initiated

Indicate date when contact was evaluated by investigator.

## Priority of contact

Select if the contact is 'high,' 'medium,' or 'low' risk of TB based on the index case's medical condition, level of exposure to index case, and the medical condition of the contact. Refer to the Contact Investigation Need and Prioritization Reference Card in the [Contact Investigation Toolkit](#) (11) for assistance.

## Index smear result

Select 'smear+,' 'smear-,' or 'suspect,' if the sputum smear result is known for the index case.

## Index chest radiograph

Select 'Normal (including abnormal not consistent with TB),' and 'Abnormal (consistent with TB),' if the results of the chest radiograph is known for the index case. If 'Abnormal' is selected an additional field will appear to ask for details.

### Evidence of cavity

Select from the following results: 'Yes,' 'No,' or 'Unknown'

* Index drug resistance	<input checked="" type="checkbox"/> Isoniazid <input type="checkbox"/> Rifampin <input type="checkbox"/> Pyrazinamide <input type="checkbox"/> Ethambutol <input type="checkbox"/> Streptomycin <input checked="" type="checkbox"/> Other
Specify	xyz
* Index TB site (select all that apply)	<input checked="" type="checkbox"/> Pulmonary <input type="checkbox"/> Pleural <input type="checkbox"/> Lymphatic: Cervical <input type="checkbox"/> Lymphatic: Intrathoracic <input type="checkbox"/> Lymphatic: Axillary <input type="checkbox"/> Lymphatic: Other <input type="checkbox"/> Lymphatic: Unknown <input type="checkbox"/> Laryngeal <input type="checkbox"/> Bone and/or joint <input type="checkbox"/> Genitourinary <input type="checkbox"/> Meningeal <input type="checkbox"/> Peritoneal <input type="checkbox"/> Site not stated <input checked="" type="checkbox"/> Other
* Specify	Breast <span>Add New</span>

## Index drug resistance

Click in the box next to the drug(s) that the index case is resistant to, according to a drug susceptibility testing. Refer to the [CDC RVCT Manual](#) (165), for drug susceptibility testing definitions. Drug options include:



- Isoniazid
- Rifampin
- Pyrazinamide
- Ethambutol
- Streptomycin
- Other

Selecting 'Other' will prompt a specify window to add more details.

### Index TB site (select all that apply)

Click in the box next to the site(s) of TB disease, if know in the index patient. Multiple selections are possible in this section, if needed. Refer to the [CDC RVCT Manual](#) (78, 215) for more information on anatomic sites. Site options include:



- Pulmonary
- Pleural
- Lymphatic: Cervical
- Lymphatic: Intrathoracic
- Lymphatic: Axillary
- Lymphatic: Other
- Lymphatic: Unknown
- Laryngeal
- Bone and/or joint
- Genitourinary
- Meningeal
- Peritoneal
- Site not stated
- Other

Selecting 'Other' will prompt a specify dropdown window. Once a selection is made, the 'Add New' link appears to add additional 'Other' sites, if needed.

### Comments

Comments	
Comments	
<div> <input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/> </div>	

## Comments and command buttons



Insert additional comments in this field. Click 'Save' button to save your changes and return to the 'Save Summary' screen. A 'Cancel' and 'Help' button are also available options.

## Event Data Tab – Diagnostics and Evaluation

Washington Disease Reporting System - Jan 27, 2017		Enter Case ID or Search Term...	Search	Heidi Iyall
Diagnostics and Evaluation - Minnie Mae Mouse - TB conta		[Jump To...]	Save	Save & Stay
Expand Details				
<b>Previous Screening</b>				
Previous TST/IGRA	▼			
<b>TB Screening</b>				
TST at diagnosis	▼			
IGRA at diagnosis	▼			
Follow-up testing due on or after				
<b>8-10 Week Contact Follow-up</b>				
TST at follow up	▼			
IGRA at follow up	▼			
<b>Imaging</b>				
Chest imaging done?	▼			
Evaluation	▼			
<b>Comments</b>				
Comments				
Save	Cancel	Help		

### Previous Screening

Previous Screening	
Previous TST/IGRA	Yes ▼
Result	▼
Date	MM/DD/YYYY
Documentation	▼

### Previous TST/IGRA

Select 'Yes' or 'No' if contact has history of previous Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA). If 'Yes,' then additional fields will appear to ask for details.

#### Result

Select either 'Positive,' 'Negative,' 'Not done,' 'Indeterminate,' or 'Unknown'



#### Date

Record date that the TST or IGRA was placed.

#### Documentation

Indicate 'Yes' if the patient has documentation of the TST or IGRA result. If no documentation is available, leave blank.

## TB Screening

TB Screening	
TST at diagnosis	Positive ▾
Date TST placed	MM/DD/YYYY 
IGRA at diagnosis	Positive ▾
Date collected	MM/DD/YYYY 
Follow-up testing due on or after	

### TST at diagnosis

Select either 'Positive,' 'Negative,' 'Not done,' or 'Unknown' for test done at initial evaluation.

#### Date TST Placed

If 'Positive' or 'Negative' is selected, than a 'Date TST placed' field will appear for input.

#### Millimeters (mm) of Induration

Enter length of induration measured in millimeters (mm).

### IGRA at diagnosis

Select either 'Positive,' 'Negative,' 'Indeterminate,' 'Not done,' or 'Unknown' for test done at initial evaluation.

#### Date collected

If selecting 'Positive,' 'Negative,' or 'Indeterminate,' than an additional field will appear to record 'Date collected.'

#### Test type

Enter test type, either 'T-Spot' or 'QFT.'

### Follow-up testing due on or after

Date will autofill for anticipated TST or IGRA follow-up testing based on 8 weeks after the initial TST or IGRA test.

## 8-10 Week Contact Follow-up

8-10 Week Contact Follow-up	
TST at follow up	Positive ▾
Date TST placed	MM/DD/YYYY 
IGRA at follow up	Positive ▾
Date collected	MM/DD/YYYY 

### TST at follow up

Select either 'Positive,' 'Negative,' 'Not done,' or 'Unknown' at follow-up evaluation.

#### Date TST placed

If 'Positive' or 'Negative' is selected, than a 'Date TST placed' field placed will appear for input.

## IGRA at follow up

Select either 'Positive,' 'Negative,' 'Indeterminate,' 'Not done,' or 'Unknown' follow-up evaluation.

### Date collected

If selecting 'Positive,' 'Negative,' or 'Indeterminate,' than an additional field will appear to record 'Date collected.'

Imaging	
Chest imaging done?	Yes <a href="#">Add New</a>
Date scanning/image done	MM/DD/YYYY
Results	
Evaluation	TB disease
Create event for TB Disease	

## Chest imaging done?

Select either 'Yes' or 'No.' There is an 'Add New' link to record detail about additional imaging. If 'Yes' is selected, then additional fields will appear to ask for details.

### Date scanning/imaging done

Record the date of the chest imaging.

### Results

Select either 'Normal (including abnormal not consistent with TB),' or 'Abnormal (consistent with TB),' if the results of the chest imaging is known.

## Evaluation

Select either 'Not Infected,' 'Infected,' or 'TB disease' once the evaluation is complete.



If 'Infected' or 'TB disease' is selected, than a message will appear in red to remind you to 'Create an event for (either TB disease or TB infection)' based on the evaluation result selected. For more information on how to do this, refer to the [WDRS Reference Guide](#).

## Comments

Comments	
Comments	

## Comments and command buttons



Insert additional comments in this field. Click 'Save' button to save your changes and return to the **Event Summary** screen. A 'Cancel' and 'Help' button are also available options.

## Event Data Tab – Treatment

Treatment - Snow Flake Black - TB contact [Jump To...] Save Save & Stay Cancel

+ Expand Details

Drug Regimen	
Treatment regimen	Other ▼
Specify	

Comments	
* LHJ close case	▼
Comments	

\* Indicates required field

Save Cancel Help

### Treatment Regimen

Select either 'Window prophylaxis' or 'Other' if treatment is indicated. If 'Other' is selected, a 'Specify' field will appear for input. If completing treatment for TB infection, close the person out as a TB Contact and create a TB infection event. For more information on how to do this, refer to the [WDRS Reference Guide](#).

### LHJ close case

Select either 'Yes' or 'No' to close the case once evaluation and/or treatment is complete.



**Please note:** The 'LHJ closed case' field will be moving from the **Treatment** question package to the **Additional Information** question package in an upcoming version of WDRS.

### Comments and command buttons




Insert additional comments in this field. Click 'Save' button to save your changes and return to the **Event Summary** screen. A 'Cancel' and 'Help' button are also available options.



## Event Data Tab – Additional Information

**Additional Information - Snow Flake Black - TB contact** [Jump To...] Save Save & Stay Cancel

 [Expand Details](#)

Additional Information	
Type of Insurance	<input type="text"/>
Quarantine station consultation?	<input type="text" value="Yes"/>
Date quarantine station contacted	<input type="text" value="MM/DD/YYYY"/>
Comments	
Comments	<div></div>

Save Cancel Help

### Type of Insurance

Select insurance type from the drop down menu of options provided.

- Employer
- Individual
- Medicare
- Medicaid
- VA/Military
- Uninsured

### Quarantine station consultation?

Select either 'Yes,' 'No,' or 'Unknown.'

#### Date quarantine station contacted

If 'Yes' is selected, a 'Date quarantine station contacted' field will appear for input.

### Comments and command buttons



Insert additional comments in this field. Click 'Save' button to save your changes and return to the 'Save Summary' screen. A 'Cancel' and 'Help' button are also available options.

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).