Washington Disease Reporting System (WDRS)
TB Disease Video Transcript

Document a TB Disease Event

We will begin…a general note for all these packages is the asterisk fields indicates a RVCT reporting field that must be completed before the case is closed, until each of these fields are completed the status in each question package will remain incomplete shown over here. Also, if you don't quite know a date exactly give your best estimate or enter 01/01/1900. We will go over that again soon. Also some fields you will see along the way are grayed out. These require you to go back and find the original question or, in some instances, these are DOH TB Program fields and will remain grayed out.

Administration

Accountable County this field is auto filled based on the address of the patient.

Override Accountable County window (to the right) can be overwritten using the override accountable county.

Investigator- you can search for yourself, as I will do here.

LHJ notification date - you can change the date by using the drop down and, now you can also specify how you received this notification: phone call, fax, and email. Or, lab test.

Date the LHJ notified DOH - you can also select the date in the drop down.

Verification status - nothing has changed with verification status; this is the same as it was in PHIMS. It will be auto filled based on the data you entered in the record. And, upon initial data entry, the status will be suspect. And, as the record becomes more complete, the status will automatically update based on the information inputted. In the manual, there will be references to where you can find these algorithms in the RVCT manual (Appendix A). Verification status can be overwritten, as you can see here, in the drop down box to the left; not a verified case or provider diagnoses are options.

Countable TB Case (LHJ) this is a new workflow that I just want to point out to everyone. The LHJ will designate weather or not this case is ready to be counted and the Department of Health TB Program will review this case and also answer yes or no. And, the date counted will also be entered by the DOH TB Program.

County case number, state case number, and linking case number are still here-very similar to before. And the reason, as before, the drop downs are for you to select from the options given. If you select

other, an additional specify window appears. And, as before, you can have multiple reasons why cases need to be linked. By clicking the add new button, an additional set of windows will appear.

Select Reporting Address is a little bit different. As you can see, it's all grayed out here. But, when I created the patient I put their home address in here. You have to back to the person page in order to add additional addresses. But, in this instance, you will select this address that is shown here and it will add to the record. **City limits** ,and **county**, **state**, **zip code** and **country** will all populate.

Treatment address different than reporting address - this can be helpful if you are going and doing DOT at a different address.

Is current address different than reporting address - this might also occur if a patient is in a different place like a nursing home, or different than their primary residents.

Hit Save - if you don't hit save, it will warn you that you didn't hit save.

Demographics

Next we will go through the question package for Demographics.

First name, middle and last name are grayed out and already auto populated for you.

US born (or born abroad to a parent who was a U.S citizen) - if you select YES additional questions pop up.

Month arrived in US -select month and,

Year arrived in the US enter the year. Going back up, if you select NO, additional questions pop up. **Immigrant classification** - the drop down selections we are all used to seeing from WDRS (PHIMS). And, **overseas chest radiograph available**- this is important to put in here because later on, this field pops up but you cannot change it. You will have to come back to this original field.

Country of birth - select from the drop down…immigrant status at first entry to the US…all very similar.

Preferred language is new. You can search a language and also, if you are having any trouble spelling it or other issues, these are additional things that might help you find it. Then, you hit search and you select it when it pops up down below and it will populate into the record.

Translator needed - select whether or not an interrupter is needed.

Marital status - please note these are not asterisk fields.

Ethnicity - these are similar from before.

Race is a new thing where you can choose more than one and additional specification windows pop up for Asian, Native Hawaiian or other Pacific Islander. This can be difficult if you first come into this window and you don't see the window you are expecting or you don't see the ability to specify. It's because you have to go through and select the item to have this additional window pop up.

Sex at birth is grayed out because it was filled out in the person page.

Did patient move during therapy – yes, this is important to fill out here…as opposed to the treatment page, that you will see at the very bottom after you specify the treatment, because you can't fill it in later. Again, you would have to come back and find the original question at the beginning. So, **did the patient move during treatment** YES, or did the patient move out of state? **What county did the patient move to?** You can select county and, as always, you can specify that yes an **IJN was sent** and the **date**. And then, as many as our patients do move more than once, you can always check the add new button and add an additional place the patient moved.

Patient live outside the US for more than 2 months - this is a new question for new adults cases. Before, we only collected it for pediatrics. It's still only reported to the CDC for pediatrics but this might be important when looking at risks. **Specify the country** and, as many things, you can add new and have additional countries pop up.

Birth Date - enter the patient's birth date.

Age of Patient is auto populated.

Is the patient pediatric - this is also filled out automatically. If the patient is not pediatric, these additional questions would not show up. But for this case, saying yes… here is the additional questions.

Country of birth for primary guardian(s) - this is also the same. And, of course, guardians were born in the US…you add that right here.

Additional Country of birth for primary guardian(s) - you can also add this.

Status at TB diagnosis - this is for if the patient is dead or alive, at status of diagnosis. **Death date** is grayed out because this is something you fill out in the person page. **Primary cause of death** is a free type window. And, **was TB a cause of death**…yes or no.

Primary occupation with in the past year - definitions in the drop-down…you can look up further in the RVCT manual. Usually when you select other, additional windows pop up. In this instance, if you do select that the patient is a health care worker.

If currently employed, specify employer - you have a specify employer window and its optional (does not have an asterisk). But, if you select that the patient is not currently working, that goes away.

If currently a student, student status - the patient is a student. You can select the student status, then add any additional comments in the comment box.

Hit Save

Risks

You will notice an increasing amount of different questions these are all to help us gain better insight about our cases.

History of BCG - and of course you can look up BCGatlas.org for more information about history of BCG.

Year of BCG - this is one of the instances where if you don't know the year, the patient had the BCG do your best estimate. ~~And, if you don't know, 1900 is acceptable and wont draw any flags. RVCT manual suggest 9's but an alert comes up. To avoid the red error boxes we will use 1900…that's if you don't know.~~ *(Please disregard instructions to use 1900. Instead, use your best guess of year).*

Does the patient have previous history of TB disease - if yes, in year of previous TB diagnosis…enter the year and, you can add multiple years. **Previous treatment completed for TB disease** - if you answer yes, than a TB treatment window for TB disease pops up. **Does the patient have previous history of TB infection** - the same set of boxes will pop up, and the ability to add new.

Patient lived or worked, within past 5 years, in country with high prevalence of TB disease - yes or no. There is a great list from the WHO (World Health Organization) that will be mentioned in the manual for high prevalence of TB disease countries.

Homeless within the past year – we're all used to these questions.

Resident of correctional facility at time of diagnosis type of correctional facility - we have all seen this before. Then, if we want to specify custody of immigration or customs enforcement, select from the drop down.

Resident of long term care facility at time of diagnosis - if you select yes, more windows will appear that you are used to seeing on the drop down list.

Patients ever use tobacco - this is a new question. When you use the drop down more windows will appear depending on your choice. And, **patient ever used marijuana** - when you use the drop down more windows will appear depending on your choice.

Excess alcohol uses in the past year- when you answer yes, more windows appear. Then, you can fill in the additional questions.

Non injection use within the past year - select from drop down…yes, no, or unknown.

Injecting drug use within the past year - select from drop down…yes, no, or unknown.

HIV status at time of diagnosis - depending on your choice, more windows will open. If negative is selected, a window will pop up.

Date of most recent negative - if you select positive, than you choose the date and specified year for first positive test, CD4 count, state HIV/AIDS patient number, city/county, HIV/AIDS patient number, and eventually all these boxes will connect to each other so when WDRS and when HIV begins to be filled in these will all connect.

Additional risk factors - one of these boxes much be checked. Out of all these risk factors, if none of them apply, make sure you click NONE.

Some of these are new questions as you can see the asterisk here.

History of Hepatitis - is the only one that has the asterisk you have to select. If you select yes, the drop down below will have you choose what type of Hepatitis and you can add additional types of Hepatitis. Down the list of questions, you select yes or no for additional risk factors. There is always 'other' as a choice that will allow you to specify in the box.

Click Save

Diagnosis and Evaluation

Date patient presented to health care system - add the date.

Primary reason evaluated for TB disease - in the drop down box is all the examples we are used to specifying, but they are in the drop down.

Symptomatic - if you choose yes additional windows pop up and we can further specify what symptoms we are talking about and, as always, there is an 'other' option where you can specify (this could be helpful in a pulmonary case).

First symptom onset date - is very important for a contact investigation and deciding the infectiousness window, so this input will relate to the windows further down.

Patient hospitalized during current disease episode. If you click 'no,' no additional windows pop up. If you select 'yes,' one additional window pop ups...**is hospitalization available**. And, you can add new and add additional. This is not populated yet, but here is where all the hospital names will be; you can search and specify. Eventually we hope to be able to upload documents as well.

TST at diagnosis - here we are not recording the past. If you choose positive or negative an additional window will pop up for the **TST placed**. If you do select positive or negative an additional window pops up with **millimeters of induration**.

IGRA at diagnosis - any of the options in the drop down you can specify the date collected, and then you can specify test type.

Site of TB disease - this is very important to specify the disease for clinical case definition and refer to the RVCT manual for more information. You can select several. And, as always, you have the option to click other. If you click other you have an additional list of options to specify.

Sputum smear - if you select positive or negative you have additional windows pop up with **date collected**, and **date lab received**. And, **specimen accession number** is a new field, but it not required to answer. But, it can help you track your specimen smear and you are able to add several.

Sputum culture - when answered...same questions, but as you can see we have reporting lab type. And, if you do select 'other,' than there is the window that specifies other. For definition of these, you can look in the RVCT manual and as always you can add an additional culture.

Sputum conversion documented - if yes, we have the date the isolate is collected for first consistently negative sputum culture. **Specify the date**. If no, than this is how we tell everyone our reason for not documenting the sputum conversion.

Smear/Pathology/Cytology of tissue, of other bodily fluids - you have all of the same questions you are used to. We have our **anatomic code** here. **Type of exam** you can specify here. And again, **accession number**. **Culture of tissue** and **other body fluids** and you can add multiple specimens on either one of them. Which will be helpful to add the accession number, if you are adding multiple specimens.

Nucleic Acid Amplification Test – select positive and more windows appear. We have our **specimen type, date collected, date LHJ was notified, reporting laboratory type, reporting laboratory**. We will have a list of laboratories so you will be able to search for your lab. This could be extremely helpful for when you are tracking several different specimens from different places.

Molecular Testing – if you hit positive, test type appears and that's where your MDDR is. And, if you select other, you can specify type of test. **Date collected** and **date results were reported**. You can add multiple because most will have more than one. For NAAT you will have more than one.

Isolate Submitted for Genotyping – As a user you will get to specify yes, no, or unknown. The additional boxes will be grayed out; this is something the DOH puts in there. These are exciting new windows associated with an outbreak, M. Bovis status.

Initial Chest Radiograph (CXR) – you will all recognize these are all the same…**normal chest x-ray, the date it was completed**. Abnormal chest x-ray has the additional boxes of **evidence of cavity** or **evidence of miliary TB** pop up here. You can add multiple.

Infectious period start date – we were talking about this being important previously, and this relates to the first symptom onset date. As you can see we have 01/01/2017, and it has auto-populate to 10/01/2016 (3 months before). **Save** your work.

(I want to point out these still say incomplete because we have not filled out all asterisks fields)

Treatment

Type of outpatient health care provider – this is where this field resides now so you can specify whether or not the local or state health department is providing treatment. You can also add several.

Current medication (excluding TB Drugs) – This is an open, free type area where you can type in something that might be important.

Current Weight – soon as you enter a weight, you will see these additional windows pop up. It automatically calculates weight into kilograms for drug conversion and you can choose **the date this was last measured**.

Drug Regimen - you will select yes, no, or unknown for each one of these medications. If you specify yes additional boxes pop up and you can specify: the **dosage of the medication**, the **frequency of which the**

medication is being taken, **date started of medication** and the **date stopped,** and **anticipated treatment duration**. This is different in the way you can specify, in each drug, anticipated treatment duration, rather than the entire regimen anticipated treatment duration. And there is another option where you can specify further. At the end the date that therapy started will auto-populate.

Date therapy stopped or never started – just add the date and the reason therapy was stopped or never started…can be specified in the drop down box. I do want to alert you of an additional work flow…if the patient is marked as completed treatment, but is not closed, there will be an alert that will come up (I will show you where they appear).

Reason Therapy Extended >12 months – you can specify in the drop down box and again add multiple.

Was original treatment course altered due to drug resistance or adverse events - select from the drop down yes or no. If yes, select type and you can add the date the adverse drug reaction symptoms were first experienced. This could be helpful in tracking treatment interruptions.

Directly Observed Therapy (DOT) - for the drop down definitions refer to the RVCT manual. And, additional window pops up when a virtual observation method was used.

Number of weeks DOT - this is a pre-type window.

Initial Drug susceptibility testing done - if yes, multiple windows pop up and that is where all your drug susceptibility testing goes. As you can see, as soon as we hit yes we got all the questions we were expecting. First we have our date…FIRST isolate collected, on which drug susceptibility testing was done. We're going to select the **type of test**: plates, molecular or other. With 'other,' an additional window pops up. The RVCT manual wants us to prioritize recording plates/drug susceptibility testing but of course, if only molecular was done, than add that. **Specimen type**, then recording susceptible, resistant, not done, or unknown for all the following and, in most cases, we will see this and then we will need to go through. Since each of these are asterisk, we need to go through and specify not done for any of these additional ones.

Follow-up drug sensibility testing (DST) done - afterwards if you had to repeat drug susceptibility testing due to treatment interruptions, or other issues, this is where you will record those results. And, again, all of these additional questions pop up after you specify its yes.

Did patient move during therapy - this is specified in a previous area that is why that is grayed out.

Another workflow thing I want to point out to everyone is just as counting a case has a new workflow, and closing a case also does as well.

LHJ close case - LHJ will specify if they want the case closed.

DOH close case - DOH will answer with one or the other.

Comments - if there are any other additional comments needed they can go here.

I do want to alert that if a case has completed treatment, and the case is not closed, that will signify an alert. Also for counting, if a case is still open and not counted over 60 days, that will also signify an alert.

Click Save

If a contact investigation was not started and the patient was smear positive, you will also see an alert in the notice section. It will also come up in the concerns section right here. If the case is culture positive and 60 days has past, and there is no drug susceptibilities entered, that will also be in an alert in the notices and in the concerns tab.

Additional Information

Contact investigation start date - this is where you will specify your contact investigation has started.

Type of insurance - select from the drop down box

Isolation order issued - this might be pertinent to some cases, and you can add multiple isolation orders

Isolation order issued date - select date

Quarantine station consultation - if your patient has been on an airplane or buses, and you were consulting with the quarantine station and the DOH TB Program, than select yes.

Date quarantine station contacted - add a date they were consulted

Overseas CXR available is grayed out here. That is because it's located in the demographics page in the overseas chest radiograph available.

CDC Notification - This will be nothing the users will use but just so you know this is how we track if we have sent this data over to CDC**.**

If there is any questions regarding the definitions within the WDRS, consult your RVCT manual or give the DOH TB Program a call.