

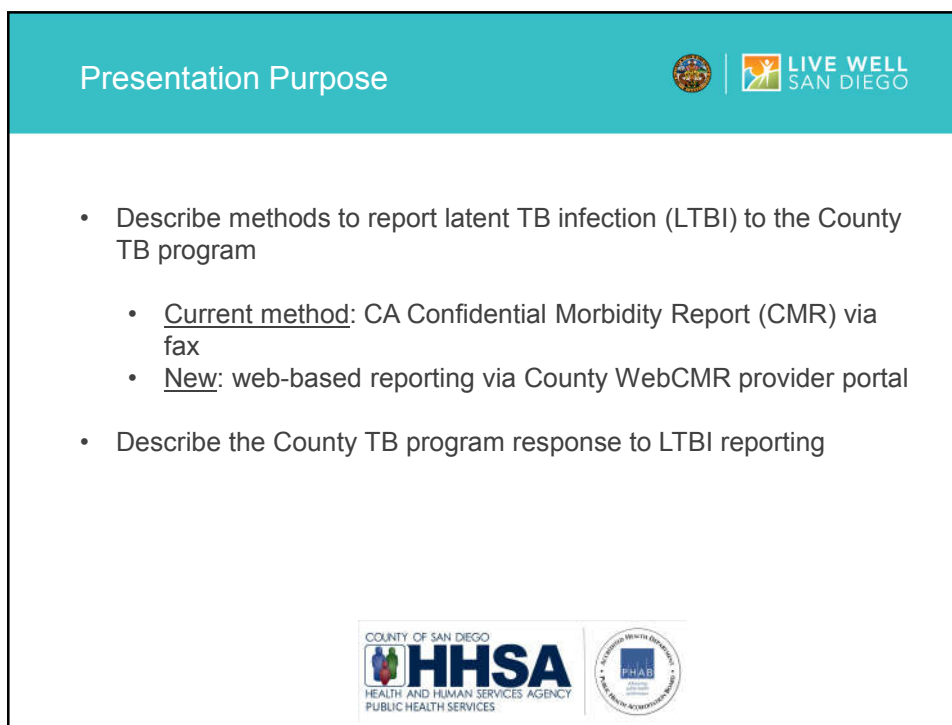
METHODS FOR SAN DIEGO COUNTY
CIVIL SURGEONS TO REPORT
LATENT TB INFECTION

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COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

LIVE WELL
SAN DIEGO

ACCREDITED HEALTH DEPARTMENT
PHAB
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PUBLIC HEALTH
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Presentation Purpose



- Describe methods to report latent TB infection (LTBI) to the County TB program
 - Current method: CA Confidential Morbidity Report (CMR) via fax
 - New: web-based reporting via County WebCMR provider portal
- Describe the County TB program response to LTBI reporting

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Refresher on How to Report Active TB

- Report presumptive or confirmed active TB to:
 - County TB program Intake Nurse team
 - By phone (preferred): 619-692-8610
 - By fax: 619-692-5516
- Required by state regulation within 24 hours of diagnosis
- Civil surgeons use this method to report any chest radiographic abnormalities consistent with possible active TB
- Intake team nurses will assist as needed to:
 - Obtain expert radiographic consultation
 - Coordinate further evaluation such as AFB smear, PCR, and culture
 - Provide and facilitate expert clinical consultation

Reporting LTBI: Current Method CA TB Confidential Morbidity Report



State of California—Health and Human Services Agency California Department of Public Health

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Only use this form for reporting Tuberculosis.

DISEASE BEING REPORTED → Tuberculosis

Patient Name - Last Name Test		First Name One		MI		Ethnicity (check one) <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown	
Home Address: Number, Street 123 Main St				Apt./Unit No.		Race (check all that apply) <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian (check all that apply) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hmong <input type="checkbox"/> Thai <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other (specify): <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian <input type="checkbox"/> Pacific Islander (check all that apply) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> White <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown	
City City		State CA		ZIP Code 11111			
Home Telephone Number (111) 111-1111		Cell Telephone Number (222) 222-2222		Work Telephone Number			
Email Address xxx@xx.net		Primary Language <input type="checkbox"/> English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other:					
Birth Date (mm/dd/yyyy) 01/01/1990		Age 29		Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> M to F Transgender <input type="checkbox"/> Female <input type="checkbox"/> F to M Transgender <input type="checkbox"/> Other:			
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Est. Delivery Date (mm/dd/yyyy)		Country of Birth Mexico			
Occupation or Job Title Not needed				Occupational or Exposure Setting (check all that apply): <input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Health Care <input type="checkbox"/> Correctional Facility <input type="checkbox"/> School <input checked="" type="checkbox"/> Other (specify): Not needed			

CA TB Confidential Morbidity Report Provider Contact Information

Reporting Health Care Provider		Reporting Health Care Facility		REPORT TO:	
Last, First		Clinic A		County of San Diego TB Control FAX: 858-514-6532 Phone: 619-692-8610	
Address: Number, Street		Suite/Unit No.			
3851 Rosecrans St		128		Report based on civil surgeon exam: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Obtain address from your local health department.)	
City		State			
San Diego		CA			
Telephone Number		Fax Number			
(333) 333-3333		(444) 444-4444			
Submitted by		Date Submitted (mm/dd/yyyy)			
Assistant, Medical		08/01/2019			
Laboratory Name		City		State	
ZZZZZZZ					



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CA TB Confidential Morbidity Report Test and Treatment Section



TUBERCULOSIS (TB)		TB TREATMENT INFORMATION	
Status <input type="checkbox"/> Active Disease <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input checked="" type="checkbox"/> Infected, No Disease <input type="checkbox"/> Converter* <small>*For TST, an increase of ≥ 10 mm in induration size during ≤ 2 years.</small>	Mantoux TB Skin Test Date Placed: _____ Date Read: _____ (mm/dd/yyyy) (mm/dd/yyyy) Results: _____ mm <input type="checkbox"/> Not done <input type="checkbox"/> Pending <input type="checkbox"/> Not read	Bacteriology/Pathology <i>Please mark positive on smear or culture if any of initial specimens obtained was positive</i> Date Specimen Collected: _____ (mm/dd/yyyy) Source: _____ Smear for acid-fast bacilli: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pending <input type="checkbox"/> Not done Culture for <i>M. tuberculosis</i> complex: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pending <input type="checkbox"/> Not done Pathology suggests TB <input type="checkbox"/> Rapid Drug Resistance Assay <input type="checkbox"/> INH resistance <input type="checkbox"/> Not done <input type="checkbox"/> RIF resistance <input type="checkbox"/> No INH or RIF resistance detected Nucleic Acid Amplification/PCR Test for <i>M. tuberculosis</i> complex Specify test type: _____ Results: <input type="checkbox"/> Pos <input type="checkbox"/> Indeterminate <input type="checkbox"/> Neg <input type="checkbox"/> Not done Other test(s): _____	Current Treatment (check all that apply) <input type="checkbox"/> INH <input checked="" type="checkbox"/> RIF <input type="checkbox"/> PZA <input type="checkbox"/> EMB <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ Date Treatment Initiated: 07/01/2019 (mm/dd/yyyy) <input type="checkbox"/> Drug resistance suspected <input type="checkbox"/> Untreated <input type="checkbox"/> Will treat <input type="checkbox"/> Unable to contact patient <input type="checkbox"/> Patient refused treatment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Referred to: _____

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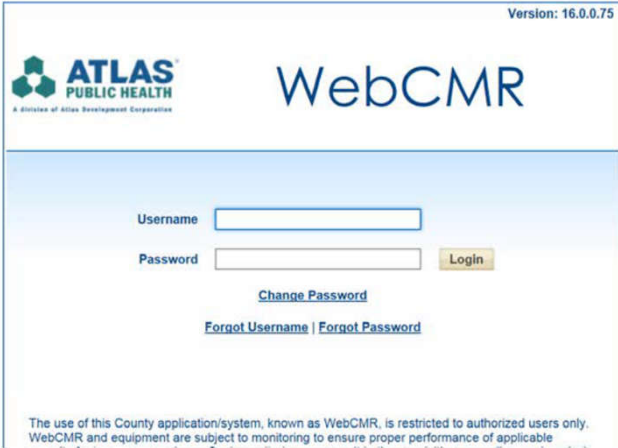


New Method: Reporting LTBI



- Web-based reporting via the provider portal
 - County communicable disease reporting system: WebCMR
- Obtain a provider account using the WebCMR account request form
 - Email/mail distribution from County TB program Chief
 - August 2019
 - September 2019
 - Fax request for form to LTBI reporting fax: 858-514-6532
- Individual accounts needed for each person who submits reports
- Access is obtained using an account username and password



WebCMR Log-in Screen: Provider Portal



WebCMR: Initial Screen to Initiate Report

Search Previous Search New Disease Incident Administration Help

Logged in as: Moore, Provider Domain: Web

Disease Incident Search

Create a new TRN WebCMR record: **New**

Search for Disease Incidents by:

Name (last, first):

MRN:

Disease:

Date Range: From: To:

All Submitted Saved (Unsubmitted)

Search **Clear**

Select a TRN WebCMR record from below:

Date	Case ID	Disease	Region	Patient	DOB	MRN*	Submitted By	Status
05/31/2019	673391	TUBERCULOSIS - LTBI	Region Not Assigned	Test, LTBI V3	5-31-19		Moore, Provider	Submitted
05/31/2019	673390	TUBERCULOSIS - LTBI	Region Not Assigned	Test, LTBI V2	5-31-19		Moore, Provider	Submitted
05/31/2019	673389	TUBERCULOSIS - LTBI	Region Not Assigned	test, LTBI			Moore, Provider	Submitted

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WebCMR Data Entry: Demographics Tab

Search Previous Search New Disease Incident Administration Help

Logged in as: Moore, Provider Domain: Web

Disease Incident **STEP 1: Select "Tuberculosis-LTBI to start form"**

Patient: Incident ID: Process Status:

DOB: **Not used** Disease: TUBERCULOSIS - LTBI Resolution Status:

Demographics **STEP 2: Enter demographics in this tab** Laboratory Clinical Info **STEP 3: Click Clinical Info tab to enter TB test info**

* Disease Being Reported: TUBERCULOSIS - LTBI

* Last Name: Test * First Name: One Middle Name: Name Suffix: Primary Language: Spanish

SSN: DOB (MM/DD/YYYY): 01/01/1990 Age: 29 Months: Days: Ethnicity: Hispanic or Latino



Address Number & Street: 123 Main Apartment/Unit Number: Race: Black or African American


City: State: CA Zip: 11111 American Indian or Alaska Native

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WebCMR Data Entry: Demographics Tab (continued)

N/A			<input type="checkbox"/> Asian
Country of Birth MEXICO	Date of Arrival (MM/DD/YYYY)		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Home Telephone 111-111-1111	Cell Phone / Pager 222-222-2222	Work/School Telephone	<input checked="" type="checkbox"/> White
E-mail Address xxx@x.net	Other Electronic Contact Information		Specify 
Work/School Location	Work/School Contact		<input type="checkbox"/> Unknown
Gender Male	Pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Estimated Delivery Date	<input type="checkbox"/> Other
Marital Status	Medical Record Number	Patient's Parent/Guardian Name	Reported Race White
Occupation Setting	Describe/Specify		
Occupation	Describe/Specify		
Request New Report Source	* Submitter Name Moore, Provider	* Reporting Source	
	* Provider Name Provider Moore		

WebCMR Data Entry: Clinical Info Tab Initial Patient Evaluation Section

Demographics Laboratory Clinical Info

INITIAL PATIENT EVALUATION

Is This Evaluation Part of an Immigration Screening?
Yes, Civil Surgeon Exam

Is This Evaluation Part of a Contact Investigation?

Does Patient Have Signs/Symptoms Consistent with TB Disease?
No

Fields shaded red are required

Risk Assessment: Select Identified TB Risk Factors (Select all that apply)

<input type="checkbox"/> Close contact to case w/ infectious TB disease in lifetime	<input checked="" type="checkbox"/> Born in a country w/ elevated TB rate
<input type="checkbox"/> Lives in or visits a country with an elevated TB rate	<input type="checkbox"/> Crosses the US-Mexico border frequently
<input type="checkbox"/> Eats queso fresco or other unpasteurized dairy from Mexico	<input type="checkbox"/> Immunosuppression (current or planned)

WebCMR Data Entry: Clinical Info Tab TB Test Information

SKIN TEST AND IGRA

ID-001

TB Test Type
 IGRA TB Skin Test

TB Test Date
06/01/2019

TB Test Result
Positive

TB Skin Test mm

Delete Add

CHEST IMAGING

ID-001

Imaging Type
Chest x-ray

Imaging Result
Normal

Imaging Date Performed
06/10/2019

If abnormal result, upload report to filing cabinet (preferred) or fax to 858-514-6532.

Delete Add

MYCOBACTERIOLOGY, NAA/PCR TESTS

WebCMR Data Entry: Clinical Info Tab LTBI Treatment Section

LATENT TB INFECTION TREATMENT INFORMATION

LTBI only:
 LTBI Treatment Started LTBI Treatment Not Yet Started

Treatment Started

LTBI Treatment Start Date
07/01/2019

LTBI Treatment Regimen
Rifampin (4 months; 4R)

LTBI Treatment Outcome (if available)
On treatment

LTBI Treatment Notes

Add

Not Treated



If Treatment Not Started, Primary Reason Why?

Referred to another provider for treatment Lost to Follow-Up History of Previous Treatment for TB or LTBI Treatment Medically Contraindicated Pregnancy Treatment Not Offered Based on Local Guidelines

Patient Refused Other

Please enter the referred provider's contact information (primary care or other) in the "Provider Contact" section below.

WebCMR Data Entry: Clinical Info Tab Provider Contact Information Section

PRIMARY PROVIDER CONTACT INFORMATION

Primary Provider Name:

Primary Provider Facility Name:

Primary Provider Phone Number:

Primary Provider Address:

OTHER PROVIDER CONTACT INFORMATION

ID-001

Other Provider Type:



Other Provider Name:

Other Provider Facility Name:

Other Provider Phone Number:

Other Provider Address:

Complete Primary Provider or other provider section if you referred client for LTBI treatment. If client referred to the local health department: LHD acronym is acceptable. If primary provider name unknown, complete facility/practice name.

WebCMR Data Entry: Post-Submission Screen

County of San Diego

Search Previous Search New Disease Incident Administration Help Logout

Logged in as: Moore, Provider Domain: Web

Disease Incident Submission

TRN WebCMR Record Has Been Received



You have successfully sent a report to the health department

Patient Name: Test_One	Disease Incident ID: 674407
Submitter Name: Moore, Provider	Disease: TUBERCULOSIS - LTBI
Reporting Provider: <input type="text"/>	Date Reported: 08/17/2019 1:21:09 PM
Reporting Facility: <input type="text"/>	Region: Region Not Assigned

Please keep this Disease Incident Verification as proof of TRN WebCMR record submission.

Summary: Reporting LTBI



- Current method: CA TB Confidential Morbidity Report (CMR)
 - Download form from www.sandiegotbcontrol.org (Reporting link)
 - Fax to 858-514-6532 (number on the CMR)
- New: web-based reporting via County WebCMR provider portal
 - Submit new user request form to create an account
 - Obtain from County TB program email/mail August 2019, OR
 - Fax request for form to above fax number
- Address LTBI reporting questions for County TB program to:
Dr. Marisa Moore: 619-692-5598
Marialuisa.moore@sdcounty.ca.gov

REMINDER: Report active TB disease and abnormal chest x-rays to County TB Intake Nurses via phone 619-692-8610



On May 17, 2016, the County of San Diego Health and Human Services Agency Division of Public Health Services received accreditation from the Public Health Accreditation Board.