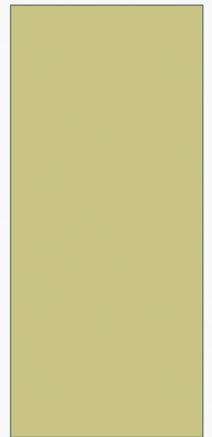


THE TEXAS TB REGISTRY SYSTEM





WHAT IS A REGISTRY?

A registry is an organized system for the **timely collection, storage, retrieval, analysis, and dissemination** of information on individual persons who have a particular disease, or a risk factor that predisposes the occurrence of a health-related event.

TB CASE DEFINITION

- Clinical Case

A case that meets **all** of the following criteria:

- A positive TST result or positive IGRA for *M. tuberculosis*
- Other signs and symptoms compatible with TB
- Treatment with two or more anti-TB medications
- A completed diagnostic evaluation

- Laboratory criteria for diagnosis

Any one of these:

- Isolation of *M. TB* complex from a clinical specimen
- Demonstration of *M. TB* complex from a clinical specimen
- 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.



WHAT IS A REGISTRY?

A registry is an organized system for the **timely collection, storage, retrieval, analysis, and dissemination** of information on individual persons who have a particular disease, or a risk factor that predisposes the occurrence of a health-related event.

CASE DATA COLLECTION AND REPORTING

Patient information collected on various data collection tools

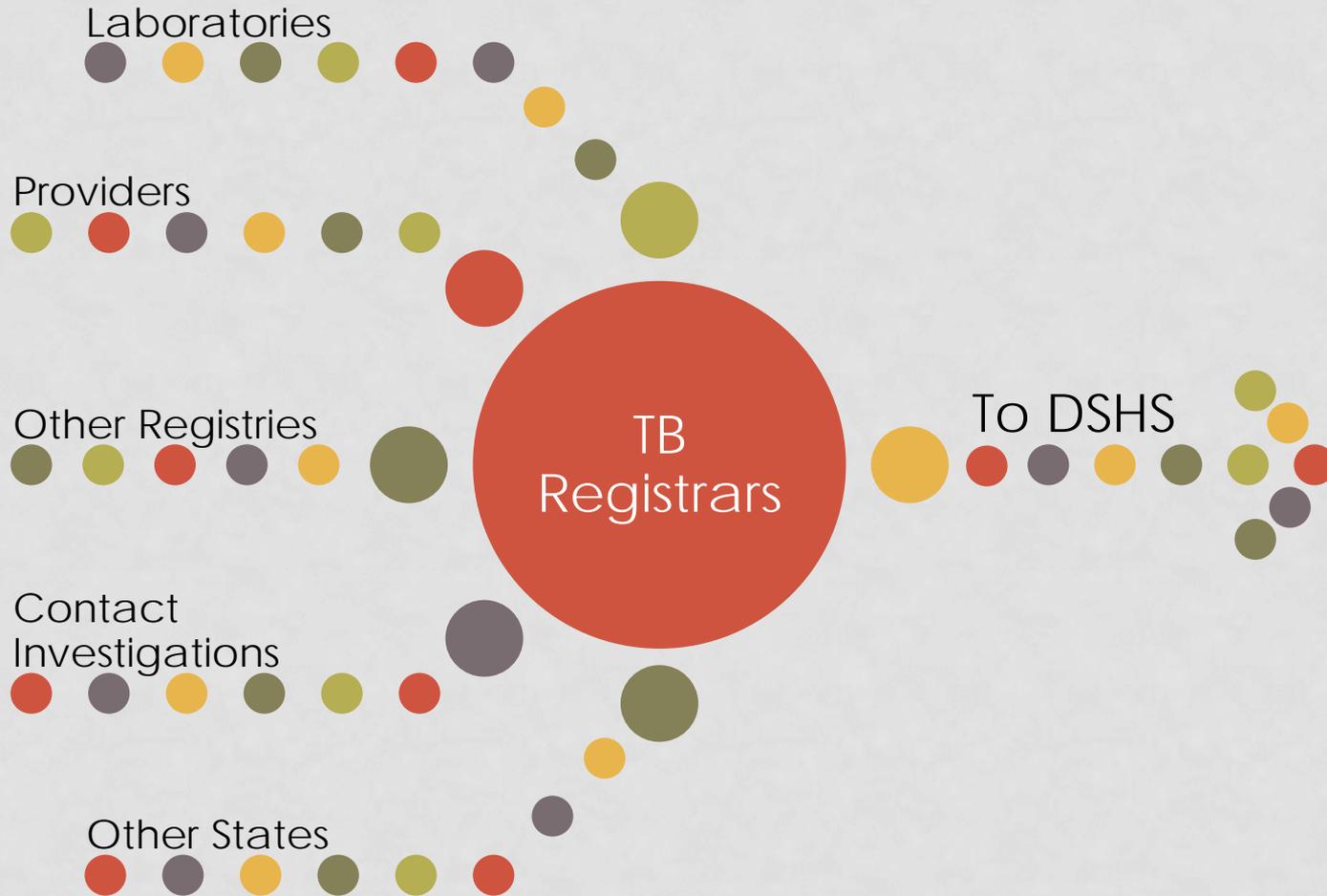
RVCT Form (official reporting form) completed from data collection tools

RVCT form sent to Central Office

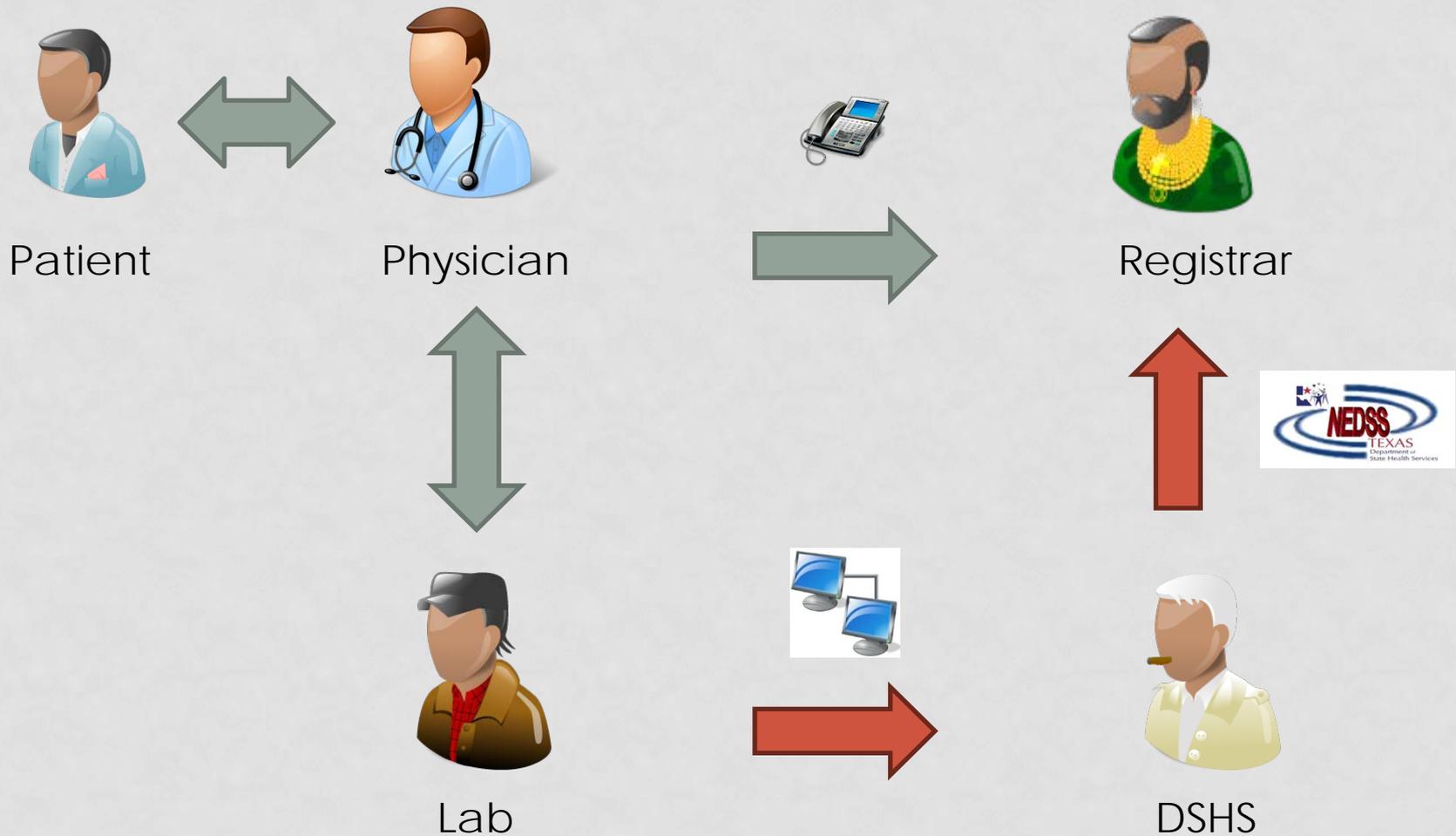
RVCT Form reviewed, information verified and entered into TB-PAM

Case information transmitted to CDC

DATA COLLECTION SOURCES



LABORATORY REPORTING



https://nedss.dshs.state.tx.us:8090/nbs/Home?age.do?method=loadHomePage

Home | Data Entry | **Open Investigations** | Reports | Help | Logout

Texas NEDSS Dashboard User : Robin Beatty

Patient Search

Search by: Demographics Event

Last Name:

First Name:

DOB:

Current Sex:

Patient ID(s):

(Separate IDs by commas, semicolons, or spaces)

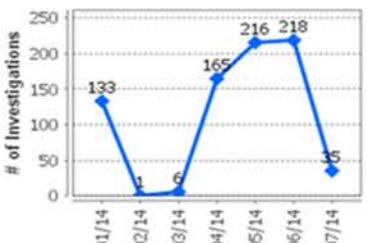
My Queues

- Approval Queue for Initial Notifications (0)
- Updated Notifications Queue (40014)
- Rejected Notifications Queue (0)
- Documents Requiring Security Assignment (7)
- Documents Requiring Review (17)

Notices

There are no Notices available.

Cases created - Last 7 Days



Date	# of Investigations
01/14	133
02/14	1
03/14	6
04/14	165
05/14	216
06/14	218
07/14	35

My Reports

There are no private reports available.

IMPORTED INTO TBPAM



WHAT REGISTRARS COLLECT

- RVCT
- TB-340's
- Follow Up 2 Pages 5-6 Case Completion report
- TB Suspect Case Verification Report
- Counted Case Verification Report



REQUIRED RVCT DATA ELEMENTS

1. Complete name
2. Social security number
 - a. 999-99-9999 if they have a ssn but is unknown
 - b. 000-00-0000 if undocumented immigrant
3. Sex
4. Date of birth
5. Race and ethnicity
6. Country of origin; If non U.S., date of entry into the U.S.
...



REQUIRED RVCT DATA ELEMENTS

7. Address
 - a. city
 - b. county
 - c. zip-code with 4 digit code and if in or outside city limits;
 - d. If diagnosed while in a facility or shelter, the name of the facility or shelter (Include address verification)
8. Criteria for confirmed case of TB must be documented on the case verification report.
9. Copy of Non DSHS lab report if case is a lab confirmed case and susceptibilities
10. Criteria for clinical case
11. Criteria for clinical case by provider diagnosis

WHAT REGISTRARS COLLECT

- RVCT
- TB-340
- Follow Up 2 Pages 5-6 Case Completion report
 - For cases when treatment stopped
 - For cases transferred in from an out of state jurisdiction within the U.S.
 - FU2 P5-6 not necessary for Suspects, when it becomes a case
 - FU2 P5-6 not applicable for Cases reported "dead" at diagnosis
- TB Suspect Case Verification Report
- Counted Case Verification Report

FOLLOW UP

Date:

Save Copy before Resetting!

TB Program Evaluation

Report of Follow-up and Treatment for
Contacts to TB Cases and Suspects

Page of

1. RVCT #:

A. Case/Suspect Information

2. Name: First		Middle	Last	3. DOB:	4. SSN:	5. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	6. Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. American <input type="checkbox"/> Asian <input type="checkbox"/> Amer. Indian/Alaskan <input type="checkbox"/> Other <input type="checkbox"/> Hawaiian/Pacific Is	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hisp./Latino			
7. Street:		Apt#:	City:	County:	Zip Code:	Census Tract:	8. Home Phone:	Work Phone:			
9. Suspect Case: <input type="checkbox"/> New <input type="checkbox"/> Recurrent <input type="checkbox"/> <365	10. Status: <input type="checkbox"/> Pulmonary <input type="checkbox"/> Laryngeal <input type="checkbox"/> Other:		11. Predominant Sites:		12. Is Case Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Daycare Attendee/Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
14. TST Date: mm		Positive: Yes <input type="checkbox"/> No <input type="checkbox"/>		18. Bacteriology							
15. Date Treatment Started:		IGRA Date:		Positive: Yes <input type="checkbox"/> No <input type="checkbox"/>		Specimen	Collection Date	Smear	Culture	Culture ID	Resistant to:
16. Adherent to Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. CXR Date: Reading		Cavitary Yes <input type="checkbox"/> No <input type="checkbox"/>		22. Did patient have contact with livestock or consume unpasteurized dairy? <input type="checkbox"/> Yes <input type="checkbox"/> No		23. Comments: <small>Click on 'Enter' to start new line.</small>			
19. Infectious Period Dates: To		20. DOT: <input type="checkbox"/> Yes <input type="checkbox"/> No		21. Source Case Name: Last: First: Middle: <input type="checkbox"/> Unknown		24. Identified in prior contact investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		25. Priority Criteria: <input type="checkbox"/> Pos Sputum Smear <input type="checkbox"/> Laryngeal <input type="checkbox"/> Child (5-<15) <input type="checkbox"/> Pos Sputum Culture <input type="checkbox"/> Military <input type="checkbox"/> Correctional Facility Inmate <input type="checkbox"/> Cavitary X-Ray <input type="checkbox"/> MDR-TB <input type="checkbox"/> Long term Facility Resident <input type="checkbox"/> Pulmonary <input type="checkbox"/> Child (<5) <input type="checkbox"/> Recent Converter			
26. Fewer than 3 contacts identified due to: <input type="checkbox"/> Patient refused to cooperate <input type="checkbox"/> Patient died <input type="checkbox"/> Patient lost to follow-up <input type="checkbox"/> No contact information <input type="checkbox"/> Other		27. Date assistance requested:		Name of assistance:		28. Social Behavior Risk: <input type="checkbox"/> 900 Positive <input type="checkbox"/> HBV Positive <input type="checkbox"/> Excessive alcohol use <input type="checkbox"/> Other Substance Abuse <input type="checkbox"/> Mental Illness <input type="checkbox"/> Dementia					

B. Interview & Exposure Site Information

1. Interview Date:	Interviewed By:	Last Name	First Name	Clinic:	3. Date Home/Other Site Visit 1:	Date Home/Other Site Visit 3:
2. Interview Date: (>7 days after)				Date Home/Other Site Visit 2:	Date Home/Other Site Visit 4:	
Site #	4. Site Name	Location <small>Click on 'Enter' to start new line.</small>		5. Site Type	6. Est. # Exposed	
1				<input type="checkbox"/> Airplane/Pub. Transport <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
2				<input type="checkbox"/> Airplane/Pub. Transport <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
3				<input type="checkbox"/> Airplane/Pub. Transport <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		

FOLLOW UP 2 REQUIREMENTS

- Date of Sputum conversion if sputum positive
- Updated locating information if patient moved during treatment
- Drug Therapy information
 - Total weeks of directly observed therapy
- Drug stop date and justification
- Final Susceptibilities

WHAT REGISTRARS COLLECT

- RVCT
- Follow Up 2
- TB-340's
 - for contacts to confirmed cases
 - for suspected cases (hold until disease ruled out)
- TB Suspect Case Verification Report
- Counted Case Verification Report

CONTACT AND SUSPECTS

TB-340

for contacts to confirmed cases
for suspected cases
(hold until disease ruled out)

Date:		TB Program Evaluation						Page 1 of 1		
<input type="button" value="SAVE"/> <input type="button" value="PRINT"/> <input type="button" value="RESET"/>		Report of Follow-up and Treatment for Contacts to TB Cases and Suspects						1. RVCT #:		
Save Copy before Resetting!										
A. Case/Suspect Information										
2. Name: First Middle Last			3. DOB:	4. SSN:	5. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	6. Race:		Ethnicity:		
						<input type="checkbox"/> White <input type="checkbox"/> Black/Afr. American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Amer. Indian/Alaskan <input type="checkbox"/> Not Hisp./Latino <input type="checkbox"/> Other <input type="checkbox"/> Hawaiian/Pacific Is				
7. Street:		Apt#:	City:	County:	Zip Code:	Census Tract:	8. Home Phone:	Work Phone:		
9. Suspect Case:		10. Status: <input type="checkbox"/> New <input type="checkbox"/> Recurrent <input type="checkbox"/> <365		11. Predominant Sites: <input type="checkbox"/> Pulmonary <input type="checkbox"/> Laryngeal <input type="checkbox"/> Other:		12. Is Case Married? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Daycare Attendee/Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. TST Date: mm		Positive: Yes <input type="checkbox"/> No <input type="checkbox"/>		18. Bacteriology						
15. Date Treatment Started: IGRA Date:		Positive: Yes <input type="checkbox"/> No <input type="checkbox"/>		Specimen	Collection Date	Smear	Culture	Culture ID	Resistant to:	
16. Adherent to Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. CXR Date:	Reading	Cavitary	22. Did patient have contact with livestock or consume unpasteurized dairy? <input type="checkbox"/> Yes <input type="checkbox"/> No		23. Comments : Click on "Enter" to start new line.			
19. Infectious Period Dates: To			20. DOT: <input type="checkbox"/> Yes <input type="checkbox"/> No			21. Source Case Name: <input type="checkbox"/> Unknown			25. Priority Criteria :	
			Last: First: Middle:			<input type="checkbox"/> Pos Sputum Smear <input type="checkbox"/> Laryngeal <input type="checkbox"/> Child (5-15) <input type="checkbox"/> Pos Sputum Culture <input type="checkbox"/> Military <input type="checkbox"/> Correctional Facility Inmate <input type="checkbox"/> Cavitary X-Ray <input type="checkbox"/> MDR-TB <input type="checkbox"/> Long Term Facility Resident <input type="checkbox"/> Pulmonary <input type="checkbox"/> Child (<5) <input type="checkbox"/> Recent Converter				
26. Fewer than 3 contacts identified due to:		<input type="checkbox"/> Patient refused to cooperate <input type="checkbox"/> Patient died <input type="checkbox"/> Patient lost to follow-up <input type="checkbox"/> No contact information <input type="checkbox"/> Other		24. Identified in prior contact investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Social Behavior Risk :				
						<input type="checkbox"/> 800 Positive <input type="checkbox"/> HBV Positive <input type="checkbox"/> Excessive alcohol use <input type="checkbox"/> Other Substance Abuse <input type="checkbox"/> Mental illness <input type="checkbox"/> Dementia				
27. Date assistance requested:		Name of assistance:								
B. Interview & Exposure Site Information										
1. Interview Date:		Interviewed By:	Last Name	First Name	Clinic:	3. Date Home/Other Site Visit 1:		Date Home/Other Site Visit 3:		
2. Interview Date: (>7 days after)		Date Home/Other Site Visit 2:		Date Home/Other Site Visit 4:						
Site #	4. Site Name	Location Click on "Enter" to start new line.			5. Site Type				6. Est. # Exposed	
1					<input type="checkbox"/> Airplane/Pub.Transport <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)					
2					<input type="checkbox"/> Airplane/Pub.Transport <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)					
3					<input type="checkbox"/> Airplane/Pub.Transport <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)					
4					<input type="checkbox"/> Airplane/Pub.Transport <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)					
7. Media Involvement? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, Media source & contact:								

TB-340 REQUIREMENTS

- **A. Case/Suspect Information**

- Case or suspect record must have already been reported
- Last Name, First Name, and Middle Name
- DOB
- SSN if applicable
- Culture ID?
- Compliant with therapy?
- Source Case (enter "*unknown*" if the source case has not or cannot be determined)
- If duplicate contacts, what is the name of the index case?
- If no contacts were identified, what is the rationale?

- **B. Interview Information**

- Date case/suspect reported?
- Name of Interviewer?
- Date Interview Conducted?
- Clinic, PMD or other facility responsible for conducting the interview?

MORE TB-340 REQUIREMENTS

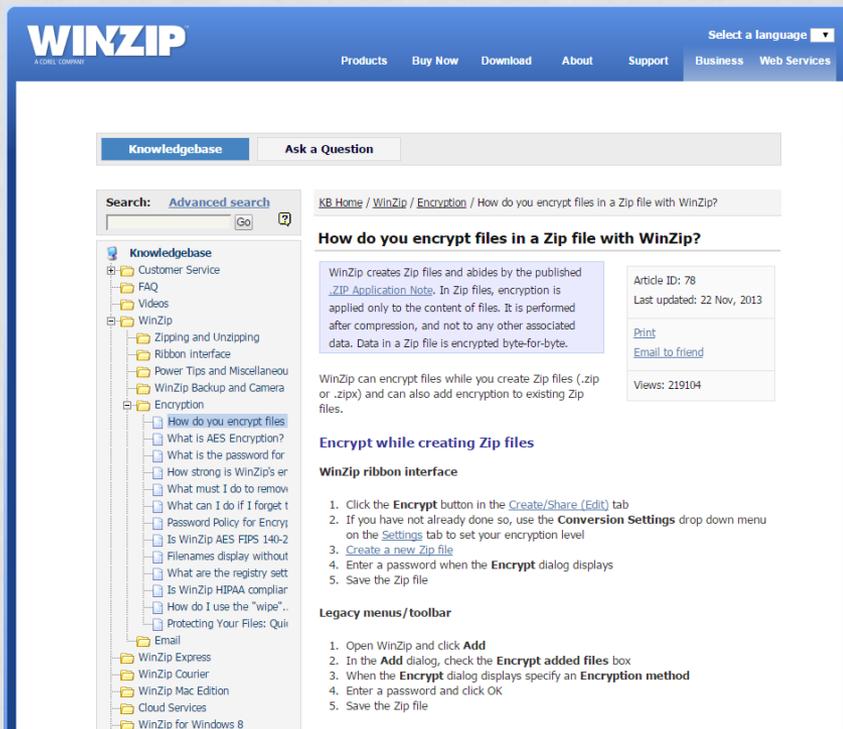
- **C. Contact Information**
- Are all entries legible?
- Last, First, and Middle Name
- SSN if applicable
- Sex
- Race and Ethnicity
- Address? If unknown, city and county will default to that of the source case
- Relationship of the contact to the case/suspect?
- Exposure Risk?
- Exposure Site?
- Date contact broken? If contact not broken, indicate as "ongoing"
- History of positive TST?
- Current TST date and results in millimeters? Positive? Yes or No? If 1st, 2nd or 3rd was recommended and contact refused, indicate as "refused TST".
- CXR date? If CXR done, normal or abnormal? If a CXR was recommended and the contact refused, indicate as "refused CXR".
- Date Treatment started - Enter date only if TB disease was ruled out and contact is started on preventive treatment only. Previous dates can be entered in comments.
- If drug start and drug stop dates are left blank, will not default to "not started on treatment -
- If not started on treatment, Indicate if "SNLN" or "refused" or treatment was not recommended. If treatment was not recommended, indicate the number of months recommended as "'0".
- Treatment stopped - Indicate the corresponding closure code.
- If contact moved to a known destination, was a referral sent?
- Number of months recommended and actually taken?
- Clinic following contact?



WHAT IS A REGISTRY?

A registry is an organized system for the **timely collection, storage, retrieval, analysis, and dissemination** of information on individual persons who have a particular disease, or a risk factor that predisposes the occurrence of a health-related event.

TRANSMISSION TO CENTRAL OFFICE



WINZIP
A COREL COMPANY

Select a language ▼

Products Buy Now Download About Support Business Web Services

Knowledgebase Ask a Question

Search: **Advanced search** [Go]

Knowledgebase

- Customer Service
- FAQ
- Videos
- WinZip
 - Zippping and Unzipping
 - Ribbon Interface
 - Power Tips and Miscellaneous
 - WinZip Backup and Camera
 - Encryption
 - How do you encrypt files**
 - What is AES Encryption?
 - What is the password for
 - How strong is WinZip's er
 - What must I do to remov
 - What can I do if I forget t
 - Password Policy for Encry
 - Is WinZip AES FIPS 140-2
 - Filenames display without
 - What are the registry sett
 - Is WinZip HIPAA compliar
 - How do I use the "wipe"...
 - Protecting Your Files: Qui
 - Email
 - WinZip Express
 - WinZip Courier
 - WinZip Mac Edition
 - Cloud Services
 - WinZip for Windows 8

KB Home / WinZip / Encryption / How do you encrypt files in a Zip file with WinZip?

How do you encrypt files in a Zip file with WinZip?

WinZip creates Zip files and abides by the published [ZIP Application Note](#). In Zip files, encryption is applied only to the content of files. It is performed after compression, and not to any other associated data. Data in a Zip file is encrypted byte-for-byte.

Article ID: 78
Last updated: 22 Nov, 2013

[Print](#)
[Email to friend](#)

Views: 219104

WinZip can encrypt files while you create Zip files (.zip or .zipx) and can also add encryption to existing Zip files.

Encrypt while creating Zip files

WinZip ribbon interface

1. Click the **Encrypt** button in the **Create/Share (Edit)** tab
2. If you have not already done so, use the **Conversion Settings** drop down menu on the **Settings** tab to set your encryption level
3. [Create a new Zip file](#)
4. Enter a password when the **Encrypt** dialog displays
5. Save the Zip file

Legacy menus/toolbar

1. Open WinZip and click **Add**
2. In the **Add** dialog, check the **Encrypt added files** box
3. When the **Encrypt** dialog displays specify an **Encryption method**
4. Enter a password and click **OK**
5. Save the Zip file



The Texas Public Health Information Network

TEXAS
Department of State Health Services

Sign In to Your Account

Email

Password

[Forgot password?](#)

Remember me

[Need an account? Sign up.](#)

The Texas Public Health Information Network (PHIN) is an online portal containing a collection of applications which provide users with a range of functions to carry out public health preparedness goals and duties. [Click here](#) for a tutorial on registering and navigating the PHIN, and [here](#) for Health Alert Network (HAN) training.

To learn more about TXPHIN, please visit [About TXPHIN](#)

TBPAM/NEDSS



Please enter your username and password below. Once you have finished press submit to log onto the application.

Username:

Password:

[Change your Password?](#)

[Technical FAQ](#)

[NEDSS Help](#)

[Documentation](#)

Submit



[Return to Open Investigations](#)

Print

Robin Beatty | Female | 01/01/1952 (52 Years)

Patient ID: 123456

Summary

Events

Demographics

[Expand All](#) | [Collapse All](#)

Patient Summary

Go to: [Patient Summary](#) | [Open Investigations](#) | [Documents Requiring Review](#)

Patient Summary

[Back To Top](#)

Address (Home)

John Peter Smith Hospital
1500 South Main
Fort Worth, Texas 76104
Tarrant County

No Phone Info Available

No ID Info Available

Race

No Race Info Available

Ethnicity

No Ethnicity Info Available

Open Investigations (1)

[Back To Top](#)

Start Date	Conditions	Case Status	Notification	Jurisdiction	Investigator	Investigation ID
08/08/2014	Tuberculosis	Suspect		Tarrant CO Public Health Dept		CAS482097063TX01

Documents Requiring Review (0)

[Back To Top](#)

[Previous](#) [Next](#)

Summary

Events

Demographics

Print

CONTACTS DATABASE

External Contacts Main Database

Direct Data Entry	Database Maintenance	Reporting
Add Contacts (New Forms)	Apply Updates	Line List of Cases Missing Contacts
Add Contacts (Old Forms)	Export Analysis Dataset	Line List of Contacts Identified as Cases
Enter your Initials: <input type="text" value="JPI"/>	Backup Database	Export Final Analysis Table (EOY Reporting)
View All Contacts	Create New User	Run Summary Aggregate Report
	Import New Cases	Run Quarterly Performance Measures
	Additional Dataset Maintenance	

[Exit](#)

MAVEN

Maven Disease Surveillance Suite

Workflows

Workflow Queue	Events
Cases with Open Concerns	3 (0)
More ...	

Tasks

Type	Priority	Name	Disease
No tasks to display			
More ...			

Recent Cases

Event ID	Name	Disease
10000088	Cat, Tom F Jr.	900 - HIV Case Report Form - Adult
10000087	Cat, Tom F Jr.	900 - HIV
10000073	Sam, Yosamity J	900 - HIV Case Report Form - Adult
10000028	two, test	900 - HIV Case Report Form - Adult
10000042	hiv, hiv	900 - HIV Case Report Form - Adult
More ...		

Welcome To Maven Disease Surveillance Suite

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

Activity

Activity Summary as of 10/29/2014 11:08 AM

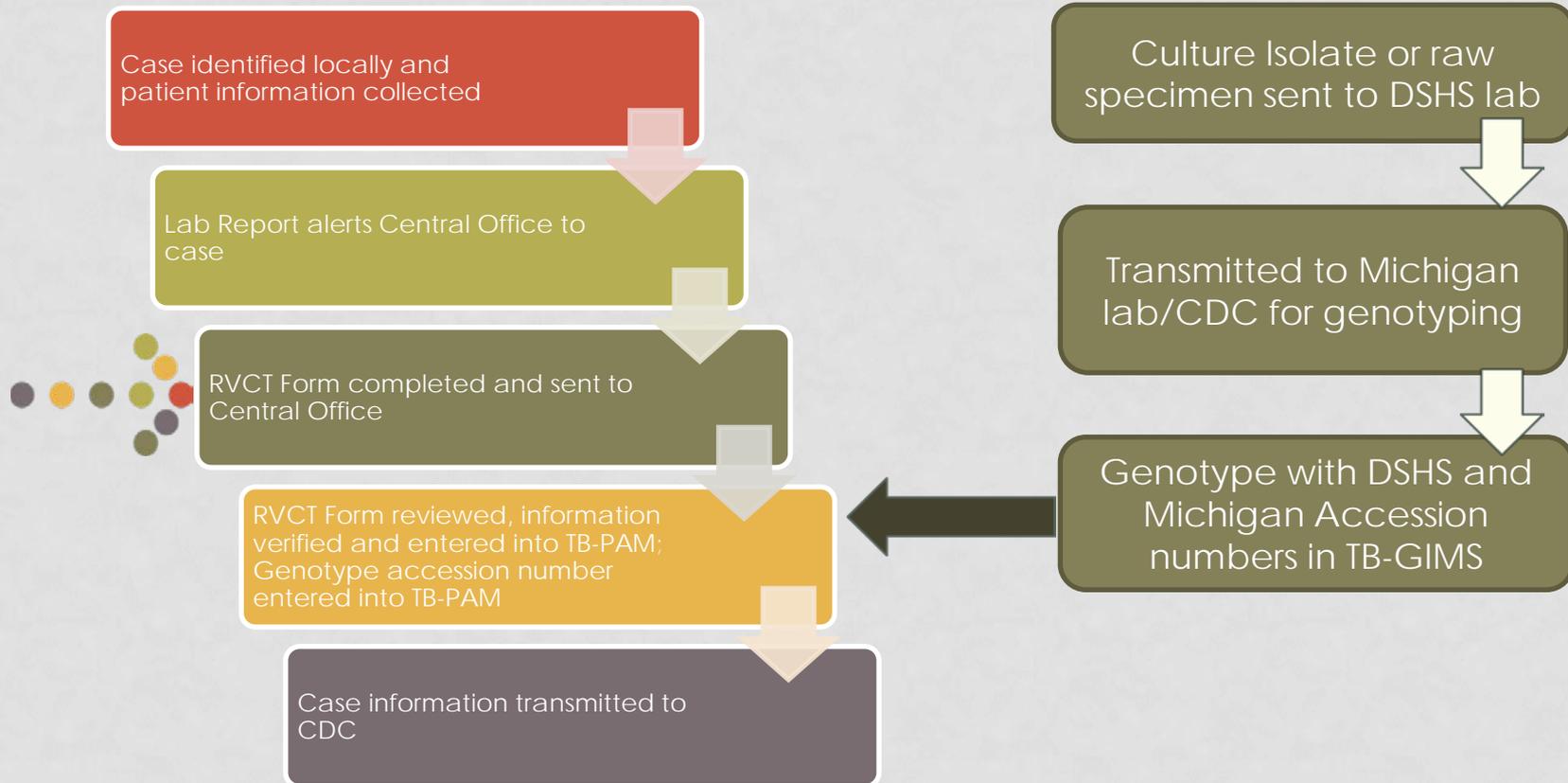
Type	# Last Week	# Average Last 4 Weeks	# Last 52 Weeks
100 - Chancroid	1	1	7
300 - Gonorrhea	1	1	5
700 - Syphilis	3	7	32
200 - Chlamydia	0	0	1
900 - HIV	0	1	11
900 - HIV Case Report Form - Adult	0	3	13
900 - HIV Case Report Form - Pediatric	0	1	5
Facility	0	0	5
Provider	0	0	5
Tuberculosis	0	1	7

Help Desk

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

[Email Us](#)
help@support.org

HOW SURVEILLANCE FITS INTO THE GENOTYPING INFORMATION FLOW





WHAT IS A REGISTRY?

A registry is an organized system for the **timely collection, storage, retrieval, analysis, and dissemination** of information on individual persons who have a particular disease, or a risk factor that predisposes the occurrence of a health-related event.

CDC CASE REPORTING

- Daily, case information is transmitted to CDC
- Processed by CDC weekly in NTSS (CDC system)
- Progress toward CDC objectives displayed on NTIP

CDC Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

National Tuberculosis Indicators Project Version 3.2.1

CDC Search:

[Home](#) | [Reports](#) | [Line List](#) | [ARPEs](#) | [Help/Resources](#) | [Contact Us](#) | [Logout](#)

Texas Indicator Summary 2009 to 2013

National Tuberculosis Indicators Project
Data Updated: 08/03/2014

National TB Program Objectives	2009	2010	2011	2012	2013	National Targets 2015
Completion of Treatment (%)	89.4	85.2	87.8	89.9	69.4	93.0
TB Case Rates (cases/100,000)						
• U.S.-born Persons	3.4	3.0	2.9	2.6	2.5	0.7

Report List

[View](#) Current Data
[Edit](#) Texas
[Remove](#) Indicator Summary 2013

Page: 1



Aggregate Reports For Tuberculosis Program Evaluation

Follow-up and Treatment for Contacts to Tuberculosis Cases

Program Area: Texas [Excludes Houston]

Cohort Year: 2012

Date Report Updated: (Format: MM/DD/YYYY)

Part I. Cases and Contacts

	Types of Cases for Investigation:		
	Sputum Smear +	Sputum Smear - Cult. +	Others
Cases reported in RVCT	<input type="text" value="401"/>	<input type="text" value="192"/>	
Cases for Investigation	<input type="text" value="397"/> (a1)	<input type="text" value="186"/> (a2)	
Cases with No Contacts	<input type="text" value="45"/> (b1)	<input type="text" value="30"/> (b2)	
Number of Contacts	<input type="text" value="9547"/> (c1)	<input type="text" value="3765"/> (c2)	<input type="text" value="2691"/> (c)
Evaluated	<input type="text" value="6446"/> (d1)	<input type="text" value="2182"/> (d2)	<input type="text" value="1648"/> (d)
TB Disease	<input type="text" value="41"/> (e1)	<input type="text" value="6"/> (e2)	<input type="text" value="5"/> (e)
Latent TB Infection	<input type="text" value="1907"/> (f1)	<input type="text" value="549"/> (f2)	<input type="text" value="454"/> (f)
Started Treatment	<input type="text" value="1010"/> (g1)	<input type="text" value="192"/> (g2)	<input type="text" value="259"/> (g)
Completed Treatment	<input type="text" value="277"/> (h1)	<input type="text" value="74"/> (h2)	<input type="text" value="107"/> (h)
Reasons Treatment Not Completed:			
Death	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Contact Moved(follow-up unknown)	<input type="text" value="14"/>	<input type="text" value="0"/>	<input type="text" value="4"/>
Active TB Developed	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
Adverse Effect of Medicine	<input type="text" value="18"/>	<input type="text" value="0"/>	<input type="text" value="4"/>
Contact Chose to Stop	<input type="text" value="86"/>	<input type="text" value="15"/>	<input type="text" value="29"/>
Contact is Lost to Follow-up	<input type="text" value="84"/>	<input type="text" value="12"/>	<input type="text" value="14"/>
Provider Decision	<input type="text" value="21"/>	<input type="text" value="3"/>	<input type="text" value="6"/>

Part II. Evaluation Indices

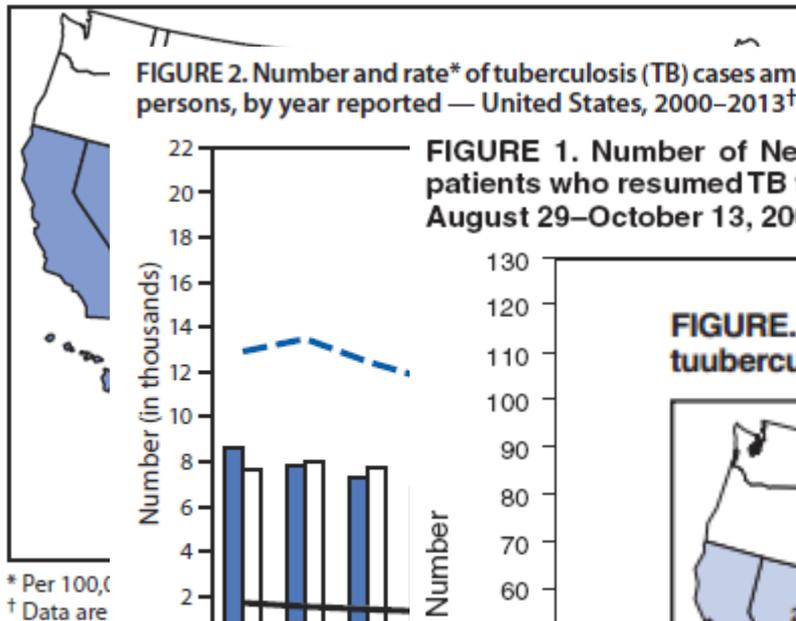
No-Contacts Rate	<input type="text" value="11.3"/> (b1/a1),%	<input type="text" value="16.1"/> (b2/a2),%	
Contacts Per Case	<input type="text" value="24.0"/> (c1/a1)	<input type="text" value="20.2"/> (c2/a2)	
Evaluation Rate	<input type="text" value="67.5"/> (d1/c1),%	<input type="text" value="57.9"/> (d2/c2),%	<input type="text" value="61.2"/> (d/c),%
Disease Rate	<input type="text" value="0.6"/> (e1/d1),%	<input type="text" value="0.3"/> (e2/d2),%	<input type="text" value="0.3"/> (e/d),%
Latent Infection Rate	<input type="text" value="29.6"/> (f1/d1),%	<input type="text" value="25.2"/> (f2/d2),%	<input type="text" value="27.5"/> (f/d),%
Treatment Rate	<input type="text" value="52.9"/> (g1/f1),%	<input type="text" value="34.9"/> (g2/f2),%	<input type="text" value="57.0"/> (g/f),%
Completion Rate	<input type="text" value="27.4"/> (h1/g1),%	<input type="text" value="38.5"/> (h2/g2),%	<input type="text" value="41.3"/> (h/g),%



WHAT ARE THE USES OF INFORMATION IN REGISTRIES

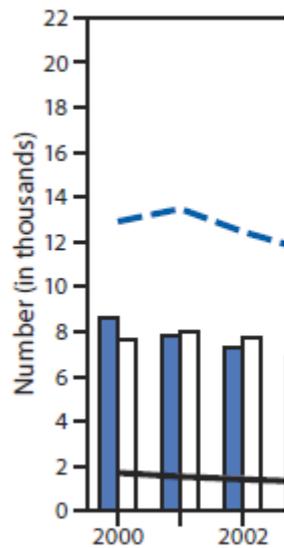
- A. Estimating magnitude of a problem
- Registries of blind persons are used to determine the extent of blindness within a population that is due to preventable or treatable conditions, such as diabetic retinopathy or cataracts.
- B. Determining the incidence of disease
- Registries that collect information on all cases of brain cancer within a defined region are used to calculate tumor specific cancer-rates, information that can be used for investigating suspected cancer clusters.
- C. Examining trends of disease over time
- Registry data have documented the rapid increase in the occurrence among women of lung cancer, now the most frequent cause of cancer in this group.
- D. Assessing service delivery and identifying groups at high risk
- Immunization registries are used to document the extent of vaccine coverage within a community and to identify groups with suboptimal coverage who are at increased risk for disease outbreak and transmission
- E. Documenting the types of patients served by a health provider
- Many hospitals maintain tumor registries of patients treated at their facilities
- F. Conducting research
- Registries have several characteristics and operating practices that make them conducive to conducting certain types of research, such as:
 - 1. Estimating survival analysis
 - Because registries frequently collect information about patients after their initial registration, these data can be used to examine the natural history or survivorship of a particular group. Information in cancer registries can be used to examine whether certain underlying factors (risk factors) or treatment modalities influence length of survival (and quality of life).
 - 2. Evaluating health effects of specific exposures
 - Exposure registries have been established to identify and register persons living near toxic waste sites who may have had low-level exposures to certain substances (e.g., benzene) that are known or suspected to cause long-term adverse health effects.
 - 3. Investigating etiologic hypotheses
 - Because many registries are designed to capture all cases of a particular disease, the registries serve as a useful means for identifying or ascertaining cases for use in a case-control study. To investigate the association between service in Vietnam and risk of subsequent cancer, registries were used to identify persons with selected cancers, and the prior experiences (exposures) of these "cases" were compared with those of appropriately selected persons serving as "controls."

FIGURE 1. Rate* of tuberculosis cases, by state/area — United States, 2013†



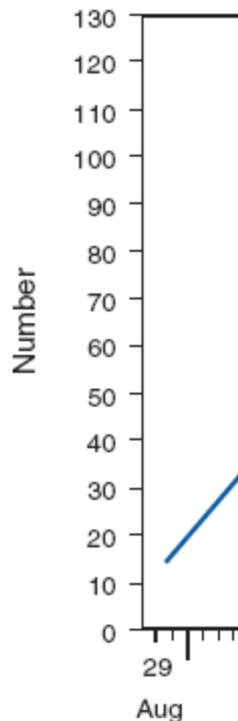
Week

FIGURE 2. Number and rate* of tuberculosis (TB) cases among U.S.-born and foreign-born persons, by year reported — United States, 2000–2013†



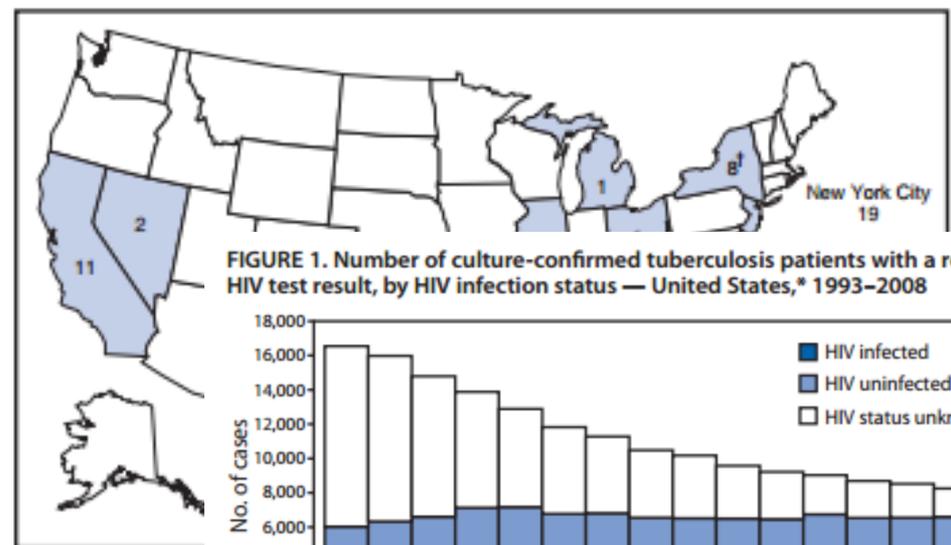
* Per 100,000
† Data are

FIGURE 1. Number of New Orleans-area tuberculosis (TB) patients who resumed TB treatment (if indicated),* by date — August 29–October 13, 2005



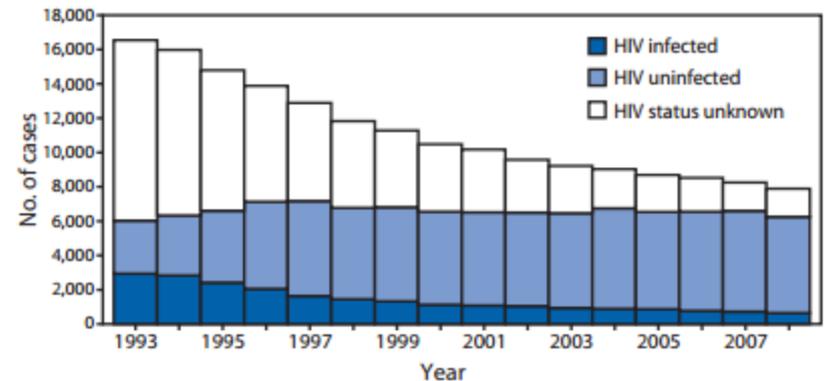
* After landfall of Hurricane Katrina

FIGURE. Number of reported cases of extensively drug-resistant tuberculosis (XDR TB)* — United States, 1993–2006



* XDR TB defined as culture-confirmed TB with resistance to isoniazid, rifampin, and either fluoroquinolone or amikacin, or ciprofloxacin.
† Excludes New York City

FIGURE 1. Number of culture-confirmed tuberculosis patients with a recorded HIV test result, by HIV infection status — United States,* 1993–2008



* Excludes California data because of lack of HIV data on patients with tuberculosis without AIDS.



WHAT IS A REGISTRY?

A registry is an organized system for the **timely collection, storage, retrieval, analysis, and dissemination** of information on individual persons who have a particular disease, or a risk factor that predisposes the occurrence of a health-related event.



REMEMBER TIMELY?

- A suspected or confirmed case of TB should be reported to the local health authority within one working day of identification as a suspected case.
- An initial RVCT should be submitted to DSHS within 24 hours of receipt of case defining lab or clinical report.
- Report 100% of all TB cases (ATS classification 3) using a DSHS approved form, with all the required reporting fields complete within seven (7) days of notification to DSHS TB/HIV/STD Epidemiology and Surveillance Branch. Submit an updated DSHS Tuberculosis Services Branch approved form whenever a change in information in a required reporting field occurs for all TB cases.
- Submit 100% of all initial, follow up, and last positive *Mycobacterium tuberculosis* culture laboratory reports and drug susceptibilities as well as the first negative culture report after the last positive within seven (7) days of notification to DSHS TB/HIV/STD Epidemiology and Surveillance Branch.



REMEMBER TIMELY?

- Initial reports of contacts on should be sent to DSHS TB Surveillance within 14 days of initial case or suspect report
- A suspected case should have disposition within 90 days of report date
- LTBI's should be reported to the local health authority within 7 working days of being diagnosed (*Central Office surveillance does not enter this data unless contact to a case)



REMEMBER TIMELY?

- Submit within seventy-two (72) hours of notification any changes in case management, drug resistance patterns, or change of residence of all drug resistant TB cases to DSHS Tuberculosis Services Branch.
- Submit within fourteen (14) days of the initial case or suspect report, an initial report of contacts on forms TB-340 and TB-341 to the DSHS TB/HIV/STD Epidemiology and Surveillance Branch. Follow-up information shall be submitted at intervals not exceeding 90 days, 120 days and 2 years;

QUESTIONS?