Data Collection Form—Final Annotated

TB Latent Infection Surveillance System (TBLISS) - Updated 9/25/2019

Red Text = Generic v2 Data Element
Black Text = TB & LTBI MMG Data Element
Purple Text = Value Set Codes

Administrative Information

1. **Date Reported:** ☐☐/☐☐/☐☐☐☐ [77995-9]

2. **Date Counted**
   a. MMWR Week: ☐☐ [77991-8]
   b. MMWR Year: ☐☐☐☐ [77992-6]

3. **State Case Number:** ☐☐☐☐-☐☐-☐☐☐☐☐☐☐☐ [INV1107]

4. **Local Case Number:** ☐☐☐☐-☐☐-☐☐☐☐☐☐☐☐ [INV1108]

5. **Case Already Counted by Another Reporting Area?** [INV1109]
   ___ {PHC659} Yes, another U.S. reporting area (State case number from other area:
   ☐☐☐☐-☐☐-☐☐☐☐☐☐☐☐) [INV1110]
   ___ {PHC660} Yes, another country (Specify country: _____) [INV1111]
   ___ {N} No
   Country Options: Choose from value set PHVS_BirthCountry_CDC

Demographics and Initial Evaluation

6. **Reporting Address**
   a. City: _____ [PID-11.3]
   b. Is the Patient's Residence within City Limits? [INV1112]
      ___ {Y} Yes
      ___ {N} No
      ___ {UNK} Unknown
   c. County: _____ [PID-11.9]
      County Options: Choose from value set PHVS_County_FIPS_6-4
   d. ZIP Code: ☐☐☐☐☐-☐☐☐☐ [PID-11.5]
   e. Census Tract (11-digit GEOID): ☐☐☐☐☐☐☐☐☐☐☐ [PID-11.10]

7. **Date of Birth**: ☐☐/☐☐/☐☐☐☐ [PID-7]

8. **Sex at Birth** [76689-9]
   ___ {M} Male
   ___ {F} Female
      If Female, Was Patient Pregnant at Time of Diagnostic Evaluation? [77996-7]
      ___ {Y} Yes
      ___ {N} No
      ___ {UNK} Unknown
   ___ {U} Unknown

9. Ethnicity [PID-22]

___ {2135-2} Hispanic or Latino
___ {2186-5} Not Hispanic or Latino
___ {UNK} Unknown
NOTE: OTH is in the NND vocabulary; however, TB is not interested in that result

10. Race [PID-10]

___ {1002-5} American Indian or Alaska Native
___ {2028-9} Asian (Specify: _____) [DEM153]
___ {2054-5} Black or African American
___ {2076-8} Native Hawaiian or Other Pacific Islander (Specify: _____) [DEM153]
___ {2106-3} White
___ {2131-1} Other Race (Specify: _____) [32624-9]
___ {UNK} Unknown
NOTE: ASKU, NI, NASK, PHC1175 is in the NND vocabulary; however, TB is not interested in these results

Race Specify [DEM153] Options: Choose from value set PHVS_Race_CDC; the TB program is specifically interested in Asian and Native Hawaiian or Other Pacific Islander details; however all are accepted.

11. Nativity

a. Country of Birth: _____ [78746-5]

(If NOT United States, Date of First U.S. Arrival: ☐☐/☐☐/☐☐☐☐) [DEM2005]

b. Eligible for U.S. Citizenship/Nationality at Birth (regardless of country of birth)? [DEM2003]
___ {Y} Yes
___ {N} No
___ {UNK} Unknown

c. Countries of Birth for Primary Guardian(s) (pediatric [<15 years old] cases only)
i. Guardian 1: _____ [INV1113]
ii. Guardian 2: _____ [INV1113]

Birth Country Specify Options: Choose from value set PHVS_BirthCountry_CDC

12. Country of Usual Residence

a. Country of Usual Residence: _____ [77983-5]

b. If **NOT** U.S. Reporting Area, Has Been in United States for ≥90 days (inclusive of Report Date)? [INV1114]
___ {Y} Yes
___ {N} No
___ {UNK} Unknown

Country Specify Options: Choose from value set PHVS_Country_ISO_3166-1

13. Initial Reason Evaluated for TB [INV1116]

___ {PHC681} Contact Investigation
___ {360156006} Screening
___ {PHC680} TB Symptoms
___ {OTH} Other
___ {UNK} Unknown

Risk Factors

14. Occupation and Industry

a. Has the patient *ever* worked as one of the following? (select all that apply) [INV1276]

___ {223366009} Healthcare Worker
___ {C0682244} Correctional Facility Employee
___ {PHC2121} Migrant/Seasonal Worker
___ {260413007} None of the above
___ {UNK} Unknown

b. Patient's Current Occupation(s) and Industry(ies)

Occupation [85658-3]	Industry [85078-4]

Coded Occupation Options [85659-1]**:** If completing choose from value set PHVS_Occupation_CDC_Census2010
Coded Industry Options [85657-5]**:** If completing choose from value set PHVS_Industry_CDC_Census2010

15. Other Risk Factors

Risk Factor [INV1117]	Indicator [INV1118]
{PHC2098} Diabetic at Diagnostic Evaluation	{Y/N/UNK}
{PHC1876} Homeless in the Past 12 Months	{Y/N/UNK}
{32911000} Homeless Ever	{Y/N/UNK}
{257656006} Resident of Correctional Facility at Diagnostic Evaluation	{Y/N/UNK}
{PHC2099} Resident of Correctional Facility Ever	{Y/N/UNK}
{42665001} Resident of Long-Term Care Facility at Diagnostic Evaluation	{Y/N/UNK}
{226034001} Injecting Drug Use in the Past 12 Months	{Y/N/UNK}
{PHC1877} Noninjecting Drug Use in the Past 12 Months	{Y/N/UNK}
{86933000} Heavy Alcohol Use in the Past 12 Months	{Y/N/UNK}
{PHC690} TNF-α Antagonist Therapy	{Y/N/UNK}
{161663000} Post-Organ Transplantation	{Y/N/UNK}
{46177005} End Stage Renal Disease	{Y/N/UNK}
{PHC2236} Viral Hepatitis (B or C only)	{Y/N/UNK}
{PHC1878} Other Immunocompromise (other than HIV/AIDS)	{Y/N/UNK}
{OTH} Other (Specify: _____)	{Y/N/UNK}

16. If Resident of Correctional Facility at Diagnostic Evaluation, Type of Facility? [INV1119]

___ {PHC46} Federal Prison
___ {PHC26} State Prison
___ {PHC62} Local Jail
___ {C0680668} Juvenile Correction Facility
___ {OTH} Other Correctional Facility
___ {UNK} Unknown

17. If Resident of Long-Term Care Facility at Diagnostic Evaluation, Type of Facility? [INV1120]

___{C0028688} Nursing Home
___{PHC221} Hospital-Based Facility
___{C0035186} Residential Facility
___{283Q00000X} Mental Health Residential Facility
___{324500000X} Alcohol or Drug Treatment Facility
___{OTH} Other Long-Term Care Facility
___{UNK} Unknown

18. **Current Smoking Status at Diagnostic Evaluation** [72166-2]
___ {449868002} Current every day smoker
___ {428041000124106} Current someday smoker
___ {8517006} Former smoker
___ {266919005} Never smoker
___ {77176002} Smoker, current status unknown
___ {266927001} Unknown if ever smoked

19. **Lived outside of the United States for >2 months (uninterrupted)?** [INV1121]
___{Y} Yes
___{N} No
___{UNK} Unknown

Diagnostic Testing (Non-DST)

20. **Tuberculin Skin Test and All Non-DST TB Laboratory Test Results**
Please provide a response for each of the main test types (culture, smear, pathology/cytology, NAA, TST, IGRA, HIV, diabetes) If test was not done please indicate so. See list example in table.

Test Type [INV290]	Specimen Source Site [31208-2]	Date Collected/ Placed [68963-8]	Date Reported/ Read [82773-3]	Test Result (Qual.) [INV291]	Test Result (Quant.) [LAB628]	Test Result (Units of Measure) [LAB115]
TST	Skin Structure	□□/□□/□□□□	□□/□□/□□□□	Positive	15	mm
IGRA [spec. type]	Blood	□□/□□/□□□□	□□/□□/□□□□			

Test Type Options: {20431-3} Smear, {50595-8} Pathology, {10525-4} Cytology, {LAB673} NAA, {50941-4} Culture, {TB119} TST, {LAB671} IGRA-QFT, {LAB672} IGRA-TSpot, {71773-6} IGRA-Unknown, {LAB720} IGRA-Other, {55277-8} HIV, {24467-3} CD4 Count, {55454-3} Hemoglobin A1c, {76629-5} Fasting Blood Glucose, {LAB608} Other Test Type, and {LAB719} Pathology/Cytology
Specimen Source Options: Choose from value set PHVS_MicroscopicExamCultureSite_TB; examples: {39937001} Skin Structure, {87612001} Blood, {119334006} Sputum
Test Result (Qualitative) Options: {10828004} Positive, {260385009} Negative, {82334004} Indeterminate, {385660001} Not Done, {UNK} Unknown, {443390004} Refused, {PHC2092} Test Done Result Unknown, {410530007} Not Offered
Test Result (Units of Measure) Options: Choose from value set PHVS_UnitofMeasure_TB; examples: {mm} Millimeters of Induration (TST), {{cells}/uL} Cell Count (CD4), {%} Percentage (HGB-A1c), {mg/dL} Milligrams per deciliter (FBG)

21. **Chest Radiograph or Other Chest Imaging Study Results**
(Please provide a response for each of the main test types (plain chest radiograph, chest CT Scan) and if test was not done please indicate so. *See list example in table.*)

Study Type [LAB677]	Date of Study [LAB681]	Result [LAB678]	Cavity? [LAB679]	Miliary? [LAB680]
Plain Chest X-Ray	□□/□□/□□□□			
CT Scan	□□/□□/□□□□			

Study Type Options: {399208008} Plain Chest X-Ray, {169069000} CT Scan, {113091000} MRI, {82918005} PET, {OTH} Other
Result Options: {PHC1874} Not Consistent with TB, {PHC1873} Consistent with TB, {385660001} Not Done, {UNK} Unknown
Cavity Options: {Y} Yes, {N} No, {UNK} Unknown
Miliary Options: {Y} Yes, {N} No, {UNK} Unknown

Epidemiologic Investigation

22. Case Meets Binational Reporting Criteria? [INV1274]

___ {Y} Yes

If Yes, Which Criteria were Met? (Select All That Apply) [**77988-4**]

___ {PHC1140} Exposure to Suspected Product from Canada or Mexico (e.g., dairy product for *M. bovis* case)

___ {PHC1139} Has Case Contacts in or From Mexico or Canada

___ {PHC1215} Potentially Exposed by a Resident of Mexico or Canada

___ {PHC1137} Potentially Exposed while in Mexico or Canada

___ {PHC1138} Resident of Canada or Mexico

___ {PHC1141} Other Situations that May Require Binational Notification or Coordination of Response

___ {N} No

___ {UNK} Unknown

23. Case Identified During the Contact Investigation Around Another Case? [INV1122]

___ {Y} Yes

If Yes, Evaluated for TB During that Contact Investigation? [INV1123]

___ {Y} Yes

___ {N} No

___ {UNK} Unknown

___ {N} No

___ {UNK} Unknown

24. Complete Table Below for All Known TB and LTBI Cases Epidemiologically Linked to this Case
(an unlimited number of rows may be entered):

State Case Number [INV1124]
□□□□-□□-□□□□□□□□□□
□□□□-□□-□□□□□□□□□□
□□□□-□□-□□□□□□□□□□

Treatment and Outcome Information

25. LTBI Therapy Started? [INV1128]

___ {Y} Yes (Treatment Start Date: □□/□□/□□□□) [86948-7]

Specify Initial LTBI Regimen: [INV1129]

___ {PHC1882} Isoniazid (9 months; 9H)

___ {PHC1883} Isoniazid (6 months; 6H)

___ {PHC1884} Isoniazid/Rifapentine (3 months; 3HP)

___ {PHC1885} Rifampin (4 months; 4R)

___ {PHC2095} RIPE/HRZE (2 months)

___ {OTH} Other (Specify: _____)

___ {N} No

Why Not? [INV1130]

___ {399307001} Lost to follow-up

___ {PHC1886} History of previous treatment for TB or LTBI

___ {397745006} Treatment medically contraindicated

___ {183964008} Treatment not offered based on local clinic guidelines

___ {PHC2094} Provider decision (not based on local clinic guidelines)

___ {PHC1910} Drug shortage

___ {105480006} Patient refused

___ {OTH} Other (Specify: _____)

___ {UNK} Unknown

If Therapy Not Started or Unknown, STOP HERE.
If Therapy was Started, Continue to Question 26

26. Date Therapy Stopped: ☐☐/☐☐/☐☐☐☐ [63939-3]

27. <u>Treatment Administration</u> (select all that apply) [55753-8]
___ {435891000124101} DOT (Directly Observed Therapy, in person)
___ {PHC1881} EDOT (Electronic DOT, via video call or other electronic method)
___ {225425006} Self-Administered

28. <u>Reason LTBI Therapy Stopped</u>? [INV1131]
___ {182992009} Completed Treatment
___ {399307001} Lost to Follow-up
___ {105480006} Patient Choice
___ {77386006} Pregnancy
___ {PHC1887} Not LTBI (Clinician Decision)
___ {OTH} Other (Specify: _____)
___ {427099000} Developed TB (NTSS State Case Number:
☐☐☐☐-☐☐-☐☐☐☐☐☐☐☐) [INV1132]
___ {24484000} Severe Adverse Event (select all that apply) [64750-3]
___ {434081000124108} Hospitalized
___ {399166001} Died

(PLEASE IMMEDIATELY REPORT ALL ADVERSE EVENTS RESULTING IN HOSPITALIZATION OR DEATH TO CDC AT LTBIDRUGEVENTS@CDC.GOV)

<u>END OF TBLISS Data Collection Form</u>