**Accuracy Tool – 9**

**Comparison of Concordant and Discordant RVCT Items - Summary**

All 49 RVCT items are listed below. Compare your findings to what is entered into your state’s surveillance system.

| **RVCT** | **# of Discordant Answers** | **RVCT Item-Level% Concordance**  | **RVCT Item-Level% Discordance** |
| --- | --- | --- | --- |
| **#** | **Item** |
| **1** | **Report Date** |  |  |  |
| **2** | **Date Submitted** |  |  |  |
| **3** | **Case Numbers** |  |  |  |
| **4** | **Reporting Address for Case Counting** |  |  |  |
| **5** | **Count Status** |  |  |  |
| **6** | **Date Counted** |  |  |  |
| **7** | **Previous Diagnosis of TB Disease** |  |  |  |
| **8** | **Date of Birth** |  |  |  |
| **9** | **Sex at Birth** |  |  |  |
| **10** | **Ethnicity** |  |  |  |
| **11** | **Race** |  |  |  |
| **12** | **Country of Birth** |  |  |  |
| **13** | **Month-Year Arrived in U.S.** |  |  |  |
| **14** | **Pediatric TB Patients (<15 years old)** |  |  |  |
| **15** | **Status at TB Diagnosis** |  |  |  |
| **16** | **Site of TB Disease** |  |  |  |
| **17** | **Sputum Smear** |  |  |  |
| **18** | **Sputum Culture** |  |  |  |
| **19** | **Smear/Pathology/Cytology of Tissue and Other Body Fluids** |  |  |  |
| **20** | **Culture of Tissue and Other Body Fluids** |  |  |  |
| **21** | **Nucleic Acid Amplification Test Result** |  |  |  |
| **22A** | **Initial Chest Radiograph** |  |  |  |
| **22B** | **Initial Chest CT Scan or Other Chest Imaging Study** |  |  |  |
| **23** | **Tuberculin (Mantoux) Skin Test at Diagnosis** |  |  |  |
| **24** | **Interferon Gamma Release Assay (IGRA) for *MycobacteriumTuberculosis* at Diagnosis** |  |  |  |
| **25** | **Primary Reason Evaluated for TB** |  |  |  |
| **26** | **HIV Status at Time of Diagnosis** |  |  |  |
| **27** | **Homeless within Past Year** |  |  |  |
| **28** | **Resident of Correctional Facility at Time of Diagnosis** |  |  |  |
| **29** | **Resident of Long-Term Care Facility at Time of Diagnosis** |  |  |  |
| **30** | **Primary Occupation Within Past Year** |  |  |  |
| **31** | **Injecting Drug Use Within Past Year** |  |  |  |
| **32** | **Non-Injecting Drug Use Within Past Year** |  |  |  |
| **33** | **Excess Alcohol Use Within Past Year** |  |  |  |
| **34** | **Additional TB Risk Factors** |  |  |  |
| **35** | **Immigration Status at First Entry to the U.S.** |  |  |  |
| **36** | **Date Therapy Started** |  |  |  |
| **37** | **Initial Drug Regimen** |  |  |  |
| **Initial Drug Susceptibility ReportFollow Up Report–1** |
| **38** | **Genotyping Accession Number** |  |  |  |
| **39** | **Initial Drug Susceptibility Testing** |  |  |  |
| **40** | **Initial Drug Susceptibility Results** |  |  |  |
| **Case Completion ReportFollow Up Report–2** |
| **41** | **Sputum Culture Conversion Documented** |  |  |  |
| **42** | **Moved** |  |  |  |
| **43** | **Date Therapy Stopped** |  |  |  |
| **44** | **Reason Therapy Stopped or Never Started** |  |  |  |
| **45** | **Reason Therapy Extended >12 Months** |  |  |  |
| **46** | **Type of Outpatient Health Care Provider** |  |  |  |
| **47** | **Directly Observed Therapy (DOT)** |  |  |  |
| **48** | **Final Drug Susceptibility Testing** |  |  |  |
| **49** | **Final Drug Susceptibility Results** |  |  |  |