**Timeliness Tool – 1b**

**Time Schedule for Entering Data into the RVCT**

**Note: Most time intervals should be based on your jurisdictional policies and procedures.**

| **Time to Complete Entering Data** | **RVCT Item** | **Comments** |
| --- | --- | --- |
| **Within \_\_\_ days of notification** | 1 – Patient name  2 – Patient address  3 – Date Reported  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 |  |
| **Within  1-\_\_\_ weeks after notification** | 17 – Sputum Smear  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 for   *Mycobacterium tuberculosis* at Diagnosis  25 – Primary Reason Evaluated for TB Disease  25 – Primary Reason Evaluated for TB Disease  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 |  |
| **Within \_\_\_ weeks of notification** | 17 – Sputum Smear  18 – Sputum Culture  19 – Smear/Pathology/Cytology of Tissue and Other  Body Fluids  20 – Culture of Tissue and Other Body Fluids |  |
| **No later than \_\_\_ weeks after the case has been culture confirmed** | **Initial Drug Susceptibility Report  Follow Up Report-1**  38 – Genotyping Accession Number  39 – Initial Drug Susceptibility Testing  40 – Initial Drug Susceptibility Results | CDC recommends that in the Initial Drug Susceptibility Report Follow Up Report -1 should **only** be **completed for culture-positive cases** |
| **No later than \_\_\_ weeks after last dose of medication was provided to the patient** | **Case Completion Report  Follow Up Report-2**  43 – Date Therapy Stopped  44 – Reason Therapy Stopped or Never Started | Patients that are lost: assign disposition: assign disposition ASAP and finalize ASAP but no later than \_\_\_ months after the last dose of medication was provided |
| **Within \_\_\_ weeks of determining final disposition.** | **Case Completion Report  Follow Up Report-2**  41 – Sputum Culture Conversion Documented  42 – Moved  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 | CDC recommends that in most cases this should be **no more than 12 months of starting therapy** |