Data Collection Form—Final Annotated

**TB Latent Infection Surveillance System (TBLISS) – Cleared 10/16/2019**

# Administrative Information

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

Red Text = Generic v2 Data Element

Black Text = TB & LTBI MMG Data Element

Purple Text = Value Set Codes

Red Text = Generic v2

Black Text = TB & LTBI MMG

1. **Date Counted**
	1. MMWR Week: 🞏🞏 [**77991-8**]
	2. MMWR Year: 🞏🞏🞏🞏 [**77992-6**]
2. **State Case Number:**🞏🞏🞏🞏- 🞏🞏- 🞏🞏🞏🞏🞏🞏🞏🞏🞏 [INV1107]
3. **Local Case Number:** 🞏🞏🞏🞏- 🞏🞏- 🞏🞏🞏🞏🞏🞏🞏🞏🞏 [INV1108]
4. **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

1. **Reporting Address**
	1. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [PID-11.3]
	2. Is the Patient’s Residence within City Limits? [INV1112]

\_\_\_ {Y} Yes

\_\_\_ {N} No

\_\_\_ {UNK} Unknown

* 1. County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [**PID-11.9**]

**County Options:** Choose from value set PHVS\_County\_FIPS\_6-4

* 1. ZIP Code: 🞏🞏🞏🞏🞏-🞏🞏🞏🞏 [**PID-11.5**]
	2. Census Tract (11-digit GEOID): 🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 [PID-11.10]
1. **Date of Birth**: 🞏🞏/🞏🞏/🞏🞏🞏🞏 [**PID-7**]
2. **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

1. **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*

1. **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.

1. **Nativity**
	1. Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [**78746-5**]

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

* 1. Eligible for U.S. Citizenship/Nationality at Birth (regardless of country of birth)? [DEM2003]

\_\_\_ {Y} Yes

\_\_\_ {N} No

\_\_\_ {UNK} Unknown

* 1. Countries of Birth for Primary Guardian(s) (pediatric [<15 years old] cases only)
		1. Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [INV1113]
		2. Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [INV1113]

**Birth Country Specify Options:** Choose from value set PHVS\_BirthCountry\_CDC

1. **Country of Usual Residence**
	1. Country of Usual Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [**77983-5**]
	2. 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

1. **Initial Reason Evaluated for TB** [INV1116]

\_\_\_ {PHC681} Contact Investigation

\_\_\_ {360156006} Screening

\_\_\_ {PHC680} TB Symptoms

\_\_\_ {OTH} Other

\_\_\_ {UNK} Unknown

# Risk Factors

1. **Occupation and Industry**
	1. 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

* 1. 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

1. **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} |

1. **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

1. **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

1. **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

1. **Lived outside of the United States for >2 months (uninterrupted)?** [INV1121]

\_\_\_{Y} Yes

\_\_\_{N} No

\_\_\_{UNK} Unknown

# Diagnostic Testing (Non-DST)

1. **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.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TestType[INV290] | SpecimenSource 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)

1. **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

1. **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

1. **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

1. **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

1. **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

1. **Date Therapy Stopped:** 🞏🞏/🞏🞏/🞏🞏🞏🞏 [63939-3]
2. **Treatment Administration** (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

1. **Reason LTBI Therapy Stopped?** [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******)***

**END OF TBLISS Data Collection Form**