

Reporting Latent TB Infection (LTBI) Using CalREDIE Provider Portal

October 11, 2018



Agenda

1. LTBI Reporting Requirements
2. CalREDIE Provider Portal Overview
3. Completing the TB form in CalREDIE
4. Obtaining Provider Portal Accounts

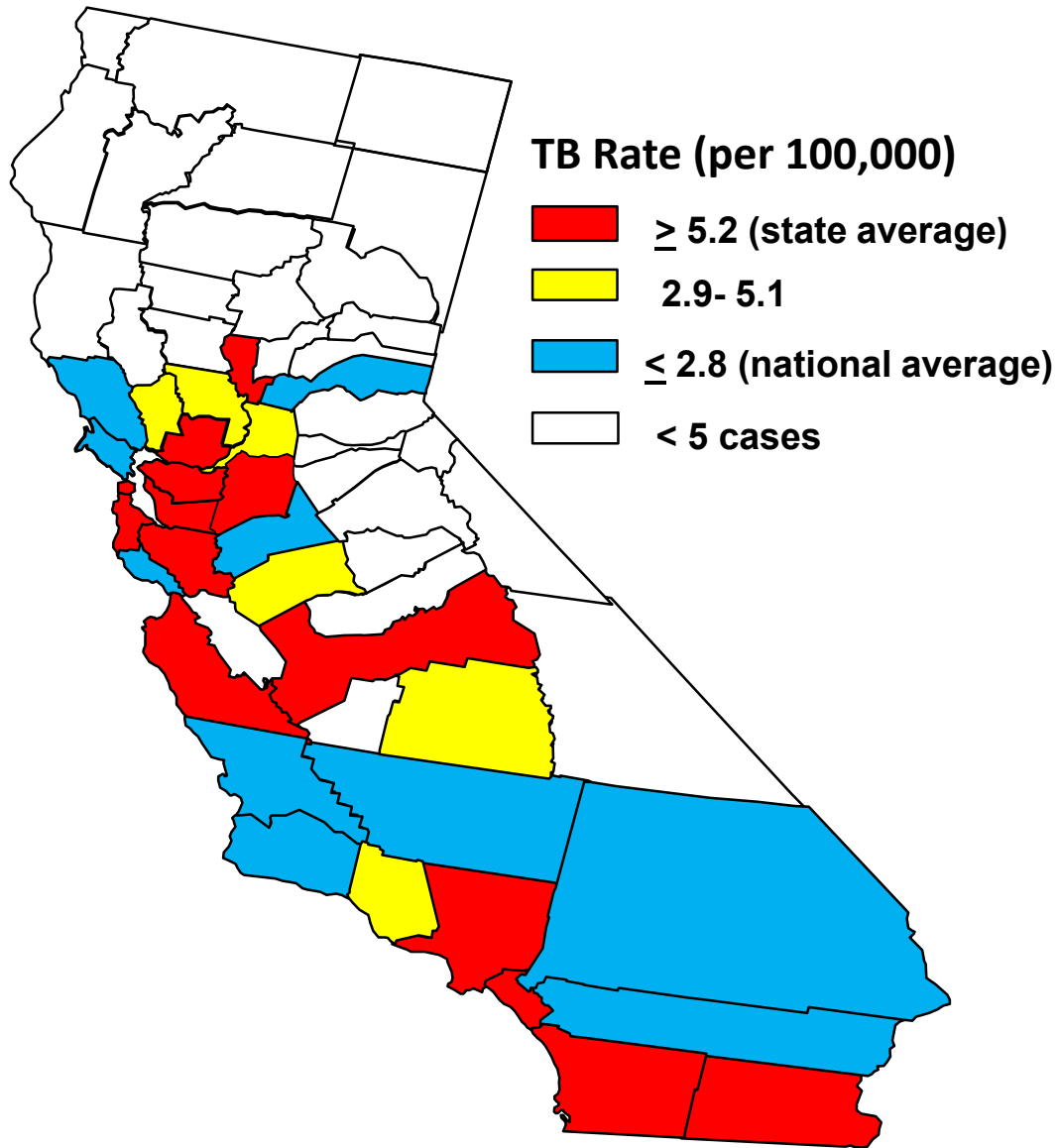


Civil Surgeon LTBI Reporting

- Notification of LHD of LTBI diagnosis required
 - name, contact information, IGRA results, CXR results
 - Patient informed of reporting
 - Patient counseled on importance of LTBI treatment
 - LTBI treatment not required for medical clearance
 - Reporting exception: prior documented LTBI treatment completion, normal CXR, no symptoms
- *Referral* to LHD required for applicants with abnormal CXR, TB symptoms, HIV infection
 - Contact LHD directly



Local Health Departments (LHDs)



- 61 jurisdictions
 - 58 counties plus Berkeley, Long Beach, Pasadena
- Report to jurisdiction where applicant resides



Contact Your Local TB Program

- “civil surgeons must proactively communicate with health department of jurisdiction to coordinate referral and reporting”
- Contact info available here:
<https://ctca.org/locations.html>



LTBI Reporting Mechanism

- Report to jurisdiction where applicant resides
- San Diego, San Francisco, Santa Clara:
 - report according to their instructions
- All other jurisdictions
 - Report using CalREDIE Provider Portal
 - Contact local program to get a Provider Portal account



LTBI Treatment

- Coordinate LTBI referral with LHD TB program
- Options may include:
 - Local TB public health clinic or clinics identified by local TB program
(to be listed on CTCA.org website)
 - Applicant's established primary care provider
 - Civil surgeon's clinic
- Use template form to refer
(will be available at CTCA.org; coordinate with LHD)
- Record referrals or treatment start in Provider Portal

CalREDIE Provider Portal Overview



What is CalREDIE Provider Portal (PP)?

- CalREDIE is California Department of Public Health's (CDPH) communicable disease reporting system.
- Provider portal is a secure, web-based interface within CalREDIE
 - Allows civil surgeons to submit LTBI reports electronically to local health departments (LHD)

Version: 15.0.2.6



CalREDIEHelp@cdph.ca.gov | 866-866-1428



Username

Password

Login

[Change Password](#)

[ARNOLD](#)
[Install ActiveX Controls](#)

Provider Portal Search Page

[Search](#) | [Previous Search](#) | [New Incident](#) | [Reports](#) | [CDPH](#) | [Help](#)

Logged in as: Nimbal, Varsha Domain: Web

Incident Search

Create a new CalREDIE Staging UAT record: **1**

Search for Incidents by: **2**

Name (last, first):
 MRN:
 Disease:
 Date Range: From: To:
 All Submitted Saved (Unsubmitted)

Select a CalREDIE Staging UAT record from below: **3**

Date	Case ID	Disease	Jurisdiction	Patient	DOB	MRN*	Submitted By	Status
09/17/2018	2378727	Tuberculosis (Infection/No Disease LTBI - TB2)		Test, Pat			Nimbal, Varsha	
08/15/2018	2378685	Tuberculosis (Infection/No Disease LTBI - TB2)	Sacramento	Portal, CS	09/08/1974		Nimbal, Varsha	Submitted
07/31/2018	2378652	Tuberculosis (Infection/No Disease LTBI - TB2)	Contra Costa	Portal, Patient	01/01/1970		Nimbal, Varsha	Submitted



CDPH Patient Tab: Demographic & Contact Information

Patient			Supplemental	Clinical Info.
* Disease Being Reported			Tuberculosis (Infection/No Disease LTBI - TB2)	
* Last Name	* First Name	Middle Name	Name Suffix	
Test	Patient			
SSN	DOB (MM/DD/YYYY)	Age	Months	Days
	01/01/1980	38		
Address Number & Street		Apartment/Unit Number		
850 Marina Bay Pkwy				
City	State	Zip		
Richmond	CA	94804		
Census Tract	County of Residence	Country of Residence		
380000	Contra Costa			
Country of Birth	Date of Arrival (MM/DD/YYYY)			
MEXICO				
Home Telephone	Cellular Phone / Pager	Work/School Telephone		
510-123-4567	510-123-4568			
E-mail Address	Other Electronic Contact Information			
TestPat@gmail.com				
Work/School Location	Work/School Contact			
* Gender	Pregnant?	Estimated Delivery Date		
Male	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
Primary Language		* Ethnicity		
		Not Hispanic or Latino		
* Race		* Race		
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Asian		<input type="checkbox"/> Asian		
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		
<input checked="" type="checkbox"/> White		<input checked="" type="checkbox"/> White		
Reported Race		White		

Supplemental Tab

Disease Incident



Patient: Test, Patient
DOB: 01/01/1980

Incident ID: 2378633

Process Status: Entered

Disease: Tuberculosis (Infection/No Disease LTBI - TB2) Resolution Status:

Patient

Supplemental

Clinical Info.

Incident Information

Date of Onset (MM/DD/YYYY)

Date of Diagnosis (MM/DD/YYYY)

Date of Death (MM/DD/YYYY)

Patient Died of this illness:

Yes No

Notes/Remarks

Add

Back

Next

Save

Cancel

- This tab is optional.

Clinical Info Tab

Disease Incident

Patient: Test, Patient Incident ID: 2378633 Process Status: Entered
DOB: 01/01/1980 Disease: Tuberculosis (Infection/No Disease LTBI - TB2) Resolution Status:

Patient Supplemental **Clinical Info.**

+ STATUS

+ INITIAL PATIENT EVALUATION

+ SKIN TEST AND IGRA

+ CHEST IMAGING

+ ~~BACTERIOLOGY, NAA/PCR TESTS~~

+ LATENT TB INFECTION TREATMENT INFORMATION

+ ~~TB DISEASE TREATMENT INFORMATION~~

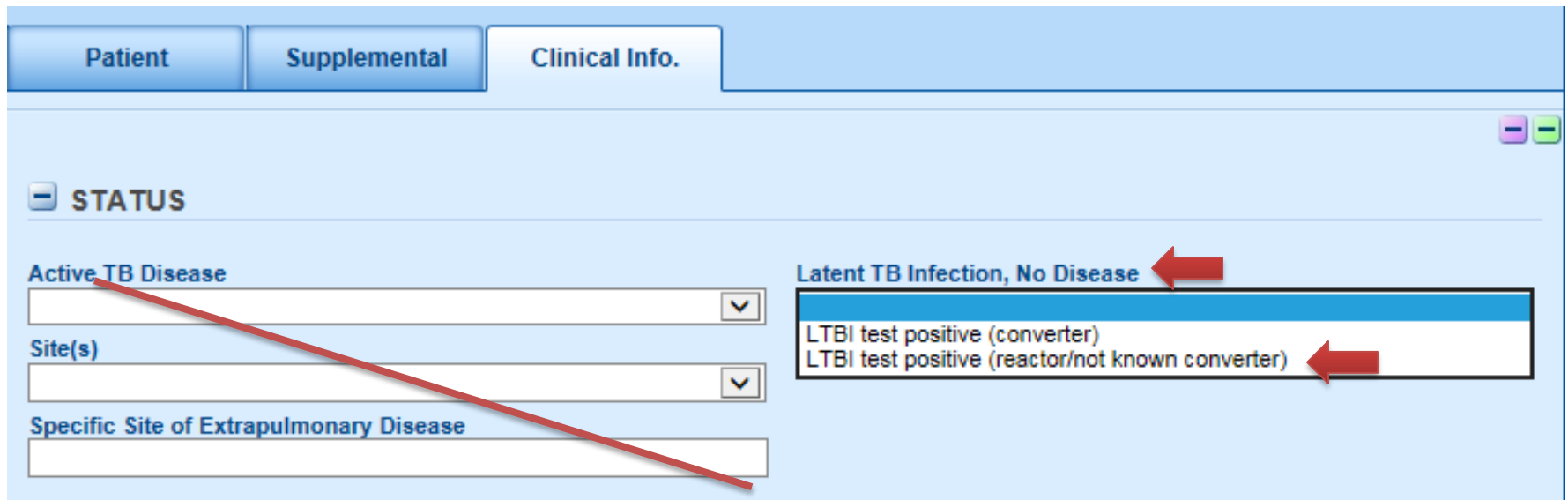
+ PRIMARY PROVIDER CONTACT INFORMATION

+ OTHER PROVIDER CONTACT INFORMATION

+ NOTES

Back Cancel Submit Print Tab

CI Tab: Status



The screenshot shows a web interface with three tabs: "Patient", "Supplemental", and "Clinical Info.". The "Clinical Info." tab is active. Below the tabs is a section titled "STATUS" with a minus sign icon. There are three dropdown menus on the left: "Active TB Disease", "Site(s)", and "Specific Site of Extrapulmonary Disease". A red diagonal line is drawn across these three dropdown menus. On the right, under the heading "Latent TB Infection, No Disease", there is a dropdown menu with two options: "LTBI test positive (converter)" and "LTBI test positive (reactor/not known converter)". A red arrow points to the "Latent TB Infection, No Disease" heading, and another red arrow points to the "LTBI test positive (reactor/not known converter)" option.

Latent TB
Infection, No
Disease

- Select **“LTBI test positive (reactor/not known converter)”**
- Unless the applicant has a documented negative IGRA within the prior two years. In that case, select **“LTBI test positive (converter)”**.



CI Tab: Initial Patient Evaluation

INITIAL PATIENT EVALUATION

Is This Evaluation Part of an Immigration Screening?

Is This Evaluation Part of a Contact Investigation?

Does Patient Have Signs/Symptoms Consistent with TB Disease?

Risk Assessment: Select Identified TB Risk Factors

Born in a country w/ elevated TB rate Immunosuppression (current or planned) Foreign travel >= 1 month in a country w/ elevated TB rate

Close contact to
 case w/ infectious TB disease None identified Unknown

Other, specify

Other Risk

Optional


Evaluation Part of an Immigration Screening?	Civil surgeons reporting outcomes from an applicant's immigration screening select " <u>Yes, Civil Surgeon Exam</u> ".
Evaluation Part of a Contact Investigation?	Civil surgeons reporting outcomes from an applicant's immigration screening can select " <u>No</u> ".
Signs/Symptoms Consistent with TB Disease?	Select " <u>No</u> " if active TB disease has been ruled out.

CI Tab: Skin Test & IGRA

SKIN TEST AND IGRA

ID-001


Mantoux TB Skin Test

Date Placed 

Results (mm)

TB Skin Test Result

Interferon Gamma Release Assay/Serum Test

Date Collected  ←

IGRA Result ←

Interferon Gamma Release Assay – Date Collected	Indicate date the IGRA was administered.
Interferon Gamma Release Assay – IGRA Result	<p>Indicate result of the IGRA test.</p> <ul style="list-style-type: none"> • Positive – person is likely infected with M. tuberculosis. Only positive IGRA results need to be reported. Prior documented negative or indeterminate results can be reported, but is not required. • Negative – person is unlikely infected with M. tuberculosis. • Indeterminate- uncertain if person is infected with M. tuberculosis.

CI Tab: Chest Imaging

ID-001

Imaging Type

Imaging Date Performed

Imaging Result

- (1) Normal
- (2) Abnormal, cavitory
- (3) Abnormal, non-cavitory consistent with TB
- (4) Abnormal, non-cavitory not consistent with TB
- (5) Pending

Imaging Type	<ul style="list-style-type: none"> ● CXR (chest x-ray) ● CT Scan ● Other
Imaging Result	<ul style="list-style-type: none"> ● Normal ● Abnormal, cavitory* ● Abnormal, non-cavitory consistent with TB* ● Abnormal, non-cavitory not consistent with TB ● Pending <p>*Patients with abnormal imaging results (consistent with TB) should be referred to LHD and should not be reported as LTBI.</p>



CI Tab: Bacteriology

BACTERIOLOGY, NAA/PCR TESTS

ID-001
Bacteriology
Accession Number

Date Specimen Collected

Source

Smear Result

Culture Result

Nucleic Acid Amplification/ PCR Test

Date Specimen Collected

Specify NAA / PCR Test Type

Source

NAA/PCR Result

The form is crossed out with a large red diagonal line.

The following applicants will need further evaluation and must be referred to the LHD.

- Abnormal chest x-ray suggestive of TB disease
- Clinical signs or symptoms suggestive of TB disease or known HIV
- Extrapulmonary TB disease



CI Tab: Latent TB Infection Treatment

LATENT TB INFECTION TREATMENT INFORMATION

LTBI Treatment Start Date

LTBI Treatment End Date

LTBI Treatment Regimen

If Treatment Not Started, Primary Reason Why?

Check if patient referred to another provider for LTBI treatment*

*Please enter the referred provider's contact (primary care or other) in the "Provider Contact" section below.

LTBI Treatment Notes

<p>Check if patient referred to another provider for LTBI treatment</p>	<p>If applicant was referred for LTBI treatment, indicate in the check box.</p> <ul style="list-style-type: none">• Leave all other fields in this section blank.
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CI Tab: Provider Contact Information

PRIMARY PROVIDER CONTACT INFORMATION

Primary Provider Name	Primary Provider Phone Number
<input type="text"/>	<input type="text"/>
Primary Provider Facility Name	Primary Provider Address
<input type="text"/>	<input type="text"/>

OTHER PROVIDER CONTACT INFORMATION

ID-001

Other Provider Type	
<input type="text"/>	
Other Provider Name	Other Provider Phone Number
<input type="text"/>	<input type="text"/>
Other Provider Facility Name	Other Provider Address
<input type="text"/>	<input type="text"/>

- Complete this section (at the bottom of the form) if applicant was referred for LTBI treatment.
- Enter the receiving provider's location & contact information.



CI Tab: Latent TB Infection Treatment

LATENT TB INFECTION TREATMENT INFORMATION

LTBI Treatment Start Date

LTBI Treatment End Date

LTBI Treatment Regimen

If Treatment Not Started, Primary Reason Why?

Check if patient referred to another provider for LTBI treatment*

*Please enter the referred provider's contact (primary care or other) in the "Provider Contact" section below.

LTBI Treatment Notes

LTBI Treatment Start Date	Complete if civil surgeon is overseeing LTBI treatment; otherwise leave blank.
LTBI Treatment End Date	Leave this field blank. If overseeing treatment, submit initial Provider Portal report without treatment end date.
LTBI Treatment Regimen	Complete if overseeing LTBI treatment; otherwise leave blank. <ul style="list-style-type: none">• Isoniazid/Rifapentine (3 months; 3HP)• Rifampin (4 months; 4R)• Isoniazid (9 months; 9H)• Isoniazid (6 months; 6H)• Other (specify details in the "LTBI Treatment Notes")



CI Tab: Latent TB Infection Treatment

LATENT TB INFECTION TREATMENT INFORMATION

LTBI Treatment Start Date

LTBI Treatment End Date

LTBI Treatment Regimen

If Treatment Not Started, Primary Reason Why?

Check if patient referred to another provider for LTBI treatment*
*Please enter the referred provider's contact (primary care or other) in the "Provider Contact" section below.

LTBI Treatment Notes

If Treatment Not Started, Primary Reason Why?	If LTBI treatment was offered by civil surgeon but not initiated, indicate reason. <ul style="list-style-type: none">• If patient was referred for treatment, leave blank.
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CI Tab: TB Disease Treatment

TB DISEASE TREATMENT INFORMATION

Current Treatment
 INH RIF PZA
 EMB

Date Treatment Initiated
[Text Field] [Calendar Icon]

INH Start Date [Text Field] [Calendar Icon] **INH End Date** [Text Field] [Calendar Icon]
RIF Start Date [Text Field] [Calendar Icon] **RIF End Date** [Text Field] [Calendar Icon]
PZA Start Date [Text Field] [Calendar Icon] **PZA End Date** [Text Field] [Calendar Icon]
EMB Start Date [Text Field] [Calendar Icon] **EMB End Date** [Text Field] [Calendar Icon]

1 - Other Drug [Text Field]
2 - Other Drug [Text Field]
3 - Other Drug [Text Field]

1 - Other Drug Start Date [Text Field] [Calendar Icon] **1 - Other Drug End Date** [Text Field] [Calendar Icon]
2 - Other Drug Start Date [Text Field] [Calendar Icon] **2 - Other Drug End Date** [Text Field] [Calendar Icon]
3 - Other Drug Start Date [Text Field] [Calendar Icon] **3 - Other Drug End Date** [Text Field] [Calendar Icon]

A large red diagonal line is drawn across the entire form, indicating that this section should be left blank for LTBI reporting.

- Leave this section blank when reporting LTBI.

Uploading Documents

Disease Incident

Patient: Test, Patient Incident ID: 2378633 Process Status: Entered
DOB: 01/01/1980 Disease: Tuberculosis (Infection/No Disease LTBI - TB2) Resolution Status:

Patient Supplemental Clinical Info.

+ STATUS

+ INITIAL PATIENT EVALUATION

+ SKIN TEST AND IGRA

+ CHEST IMAGING

+ ~~BACTERIOLOGY, NAA/PCR TESTS~~

+ LATENT TB INFECTION TREATMENT INFORMATION

+ ~~TB DISEASE TREATMENT INFORMATION~~

+ PRIMARY PROVIDER CONTACT INFORMATION

+ OTHER PROVIDER CONTACT INFORMATION

+ NOTES

Back Cancel Submit Print Tab

Uploading Documents

Filing Cabinet

Patient: Test, Patient Record ID: 2378633

New Album **New Case Report**

Files for the Selected Incident / Contact Investigation Only

Show Historical Forms Date Received Date of Message

Date	Type	Name	Description
------	------	------	-------------

◀ PREV | NEXT ▶



Acquire Files

Patient: Test, Patient Record ID: 2378633

File Upload Method: Advanced (ActiveX) TWAIN (ActiveX) Simple (HTTP)

* Album Name:

Notes:

Due to limitations within your browser, a maximum of 5 MB of files can be saved to an album at a time.
* Scanning requires the Advanced upload method.

Files	Browse...	Clear
	Browse...	Clear
	Browse...	Clear
	Browse...	Clear
	Browse...	Clear
	Browse...	Clear

Acquire File(s) Max File Size: 5 MB

Submit Incident

Disease Incident



Patient: Test, Patient
DOB: 01/01/1980

Incident ID: 2378633

Process Status: Entered

Disease: Tuberculosis (Infection/No Disease LTBI - TB2) Resolution Status:

Patient

Supplemental

Clinical Info.



+ STATUS

+ INITIAL PATIENT EVALUATION

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+ NOTES

Back

Cancel

Submit

Print Tab

Submit Incident

Incident Submission

California Reportable Disease Information Exchange Record Has Been Received



You have successfully sent a report to the health department

Patient Name: Test, Patient

Submitter Name: Nimbal, Varsha

Reporting Provider: California Department of Public Health
Tuberculosis Control Branch CDPH

Reporting Facility: California Department of Public Health TB Control

Please keep this Incident Verification as proof of California Reportable Disease Information Exchange record submission.

Incident ID: 2378633

Condition: Tuberculosis (Infection/No
Disease LTBI - TB2)

Date Reported: 07/24/2018 10:24:19 AM

Jurisdiction: Contra Costa

Print Receipt

Print Incident

Create New Incident

Add Case Report

New Incident For Same Patient

Provider Portal Account Setup



Contact your LHD TB Program

- “civil surgeons must proactively communicate with health department of jurisdiction to coordinate referral and reporting”
- Contact info available here:
<https://ctca.org/locations.html>



Obtaining Provider Portal Account

- Civil surgeon staff conducting data entry submit Reporter Authorization form to LHD
 - Each person required to have own account
 - Provide individual work e-mail address on the form
- LHD verifies each reporter account
- LHD submits completed form to CalREDIE
- CalREDIE Help creates account and emails users their login info: username and password



CalREDIE Provider Portal User Account Authorization Form

Instructions: Provider Portal Users, please complete section 1 of the Account Authorization form. Then send all 3 pages to your Local Health Liaison so that they may complete page 2 and submit pages 1 and 2 to the CalREDIE Help Desk. If you need local contact information, please review the [Local Health Department Contacts document](#) on the CalREDIE Help Website.

A Provider Portal User is any individual authorized by a Local Health Liaison to use the Provider Portal to electronically submit reports of communicable disease to the local health department. A Local Health Liaison is the only individual that can authorize Provider Portal Users on behalf of their health department.

Action: Add New Account Change Existing Account Delete Existing Account

1. Provider Portal User Registration Information – TO BE COMPLETED BY USER

First Name: _____ Last Name: _____ Credentials: _____

Facility Name: _____

Facility Street Address: _____

City: _____ State: _____ Facility Zip Code: _____

User's Direct Work Phone Number: _____ Extension: _____

User's Work E-Mail Address (*Individual address preferred*): _____

Individual e-mail address (*CalREDIE can e-mail login information*)

Shared e-mail address (*CalREDIE can provide login information over the phone*)

I agree that I will protect my username and password from unauthorized use, and ensure my browser settings are up to date according to the CalREDIE browser requirements document and that I will contact the CalREDIE Help Desk, as soon as possible or within 24-hours of discovery, if I suspect that my username and password has been lost, stolen, or otherwise compromised. I certify that my username and password is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person. I agree that if I gain access to data in error that I am not responsible for or that does not belong to me, I will notify CalREDIE Help immediately so that they may assess the situation and correct the problem.

User Signature: _____ Date: ____/____/____

*****Provider Portal Users, please send all 3 pages to your Local Health Liaison so they may complete page 2 and submit pages 1 and 2 to the CalREDIE Help Desk. If you need local contact information, please review the [Local Health Department Contacts document](#) on the CalREDIE Help Website.*****



Next Steps

- Complete Reporter Account Authorization form.
- Send completed form to your LHD.
- CalREDIE Help will provide your account information.
- Start submitting LTBI reports.



Resources

- CTCA Civil Surgeon Webpage:
 - <https://ctca.org/menus/civil-surgeons.html>
- LHD Contact Info:
 - <https://ctca.org/locations.html>
- CDPH TB Control Branch Website:
 - <https://cdph.ca.gov/tbcb>
- LTBI treatment information:
 - <https://cdph.ca.gov/LTBITreatment>
- CalREDIE Help:
 - <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CalREDIE-HELP.aspx>
- CDC Division of Migration and Quarantine
 - TB technical instructions:
<https://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/tuberculosis-civil-technical-instructions.html>
 - email: gapcivilsurgeons@cdc.gov