Latent Tuberculosis Infection Reporting Instructions for Civil Surgeons
Using CalREDIE Provider Portal

Civil surgeons are <u>required</u> to report tuberculosis (TB) screening outcomes that result in latent TB infection (LTBI) diagnosis to public health departments. This document is limited to providing instructions for reporting LTBI in California. Please see the [CDC TB Technical Instructions for civil surgeons](#) for details and other requirements. Civil surgeons in California will be reporting to one of 61 Local Health Departments (LHDs) in the state on the basis of patient address. Per the TB technical instructions, notification to the LHD should include patient name, contact information, Interferon Gamma Release Assay (IGRA) and chest x-ray results.

Civil surgeons should use the CalREDIE Provider Portal system for reporting to local health department TB programs requesting use of the Provider Portal. CalREDIE is a communicable disease reporting system used by the California Department of Public Health. The Provider Portal feature allows providers to submit necessary patient information and test results electronically to the LHD TB program via a secure web-based interface. Contact LHDs in your service area to determine if the Provider Portal should be used for reporting. Reporting processes may differ by LHD. Visit https://ctca.org/locations.html for a complete list of California's LHD TB programs.

<u>Who should be reported?</u>
Applicants who meet the following criteria have LTBI and should be reported:
- Positive IGRA result; and
- Chest x-ray not suggestive of tuberculosis disease; and
- No known HIV infection; and
- No signs or symptoms of TB disease

Note: Do not report applicants who have written documentation of completing treatment for LTBI prior to the civil surgeon examination.

Applicants who need further evaluation and follow-up for possible active TB disease should be immediately referred to the LHD. Please contact the appropriate LHD (based on the applicant's residence) to determine the referral process. Per the technical instructions, applicants who have the following need further evaluation:
- Abnormal chest x-ray results suggestive of tuberculosis disease
- Clinical signs or symptoms suggestive of tuberculosis disease or known HIV infection regardless of IGRA result or chest x-ray findings
- Extrapulmonary disease regardless of chest x-ray results

<u>How to report LTBI using CalREDIE Provider Portal?</u>
The following instructions are for civil surgeons who are using CalREDIE Provider Portal to electronically report information on applicants diagnosed with LTBI.

The Provider Portal feature for TB reporting has three sections: Patient, Supplemental, and Clinical Info.

A. <u>Patient Tab:</u>
   This section is for providing patient demographic and contact information. The following information should be completed: *Disease Being Reported, Last Name, First Name, Gender, Race, Ethnicity, DOB, Patient Address (PO box or law office addresses are not acceptable), Country of Birth, Date of Arrival (initial date arrived in the U.S.), Home Telephone or Cellular Phone, and email.*

Field Name	Instructions/Comments
Disease Being Reported	Select disease being reported to the LHD. • "Tuberculosis (Infection/No Disease LTBI – TB2)" is for reporting LTBI

B. Supplemental Tab:
This section is optional and may be used for providing notes, but does not require data entry.

C. Clinical Info Tab:
This section contains TB specific fields for the reporting of patient test results and treatment information.
There are 9 sections within the Clinical Info tab:
1. Status
2. Initial Patient Evaluation
3. Skin Test and IGRA
4. Chest Imaging
5. Bacteriology, NAA/PCR Tests
6. Latent TB Infection Treatment Information
7. TB Disease Treatment Information
8. Provider Contact Information
9. Notes

1. Status

Field Name	Instructions/Comments
Latent TB Infection, No Disease	Select one of the following: • LTBI test positive (converter) • LTBI test positive (reactor/not known converter) 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)".

2. Initial Patient Evaluation

Field Name	Instructions/Comments
Is This Evaluation Part of an Immigration Screening?	Civil surgeons reporting outcomes from an applicant's immigration screening must select "**Yes, Civil Surgeon Exam**".
Is This Evaluation Part of a Contact Investigation?	Civil surgeons reporting outcomes from an applicant's immigration screening can select "**No**".
Does Patient Have Signs/Symptoms Consistent with TB Disease?	Select "**No**" if active TB disease has been ruled out. If patient has signs/symptoms consistent with TB disease contact the health department to refer for further evaluation.
Risk Assessment: Select Identified TB Risk Factors	The risk assessment is optional. Civil surgeons may indicate any relevant patient TB risk factors to communicate to the LHD.

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	• Born in a country w/elevated TB rate – includes any country other than Canada, Australia, New Zealand, or a country in western or northern Europe • Foreign travel ≥ 1 month in a country w/elevated TB rate – same countries noted above • Immunosuppression (current or planned) – HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g. infliximab, etanercept, others) , steroids (equivalent of prednisone ≥ 15mg/day for ≥ 1 month) or other immunosuppressive medication • Close contact to case w/infectious TB disease – close contact to someone with infectious disease during lifetime • None identified - assessment was done and risk factors were not identified • Other, specify - risk factors other than those listed were found; comment in the provided text field

3. Skin Test And IGRA

An IGRA is required for screening applicants 2 years and older. Tuberculin Skin Test (TST) cannot be used as a substitute for IGRA testing. TST results are not required to be reported.
- Please include any prior documented IGRA results by selecting "Add".

Refer children < 2 years of age to the local health department according to the technical instructions. Do not report TST or IGRA results here unless instructed by the LHD.

Field Name	Instructions/Comments
Interferon Gamma Release Assay – Date Collected	Indicate date the IGRA was administered.
Interferon Gamma Release Assay – IGRA Result	Indicate result of the IGRA test. • **Positive** – person is likely infected with M. tuberculosis. Only positive IGRA results need to be reported. Additionally, prior negative or indeterminate results can be reported, but is not required. Prior documented results can be included by selecting "Add". • Negative – person is unlikely infected with M. tuberculosis. • Indeterminate- uncertain if person is infected with M. tuberculosis.

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Field Name	Instructions/Comments
	• Not Done • Unknown

4. Chest Imaging

CHEST IMAGING

ID-001

Imaging Type

Imaging Result

Imaging Date Performed

Field Name	Instructions/Comments
Imaging Type	Select which one of the following was utilized: • CXR (chest x-ray) • CT Scan • Other
Imaging Date Performed	Indicate date the imaging was done.
Imaging Result	Indicate the interpretation of the chest imaging. • Normal • Abnormal, cavitary* • Abnormal, non-cavitary consistent with TB* • Abnormal, non-cavitary not consistent with TB • Pending *Patients with abnormal imaging results (consistent with TB) should be referred to the local health department and should not be reported as LTBI.

5. Bacteriology, NAA/PCR Tests

Leave this section blank if microbiologic testing is not being overseen by the civil surgeon.

The following applicants will need further microbiologic testing and evaluation. They must be immediately referred to the local health department to avoid delays in diagnosis and treatment.
- Applicants with abnormal chest x-ray results suggestive of tuberculosis disease
- Applicants with clinical signs or symptoms suggestive of tuberculosis disease or known HIV infection regardless of IGRA result or chest radiograph findings
- Applicants with extrapulmonary disease regardless of chest x-ray results

6. Latent TB Infection (LTBI) Treatment Information

In addition to reporting LTBI to the LHD, applicants with LTBI should be offered or referred for LTBI treatment in order to prevent potential future active TB disease. LTBI treatment is not required to complete the status adjustment process.

Applicants who have documentation of being diagnosed and completing treatment for LTBI prior to the civil surgeon examination must have a chest x-ray as part of the civil surgeon evaluation. If the chest x-ray is negative and the applicant does not have signs or symptoms of TB disease or known HIV infection, the applicant does not have to be reported to the health department.

Field Name	Instructions/Comments
Check if patient referred to another provider for LTBI treatment	If applicant was referred for LTBI treatment, indicate in the check box and leave all other fields in this section blank. Please enter the receiving provider's contact information in the "Provider Contact Information" section at the bottom of the page. • If applicant was referred to their primary care provider for LTBI treatment, enter the provider's name, phone number, address and facility name in the "Primary Provider Contact Information" section. • If applicant was referred to a provider who is not their primary care provider, enter the above mentioned information in the "Other Provider Contact Information" section.
LTBI Treatment Start Date	If civil surgeon is overseeing LTBI treatment indicate treatment start date; otherwise leave blank.
LTBI Treatment End Date	Leave this field blank. If civil surgeon is overseeing treatment, submit initial Provider Portal report without treatment end date. Coordinate reporting of LTBI treatment completion information directly with LHD once patient completes therapy.
LTBI Treatment Regimen	Complete if civil surgeon is overseeing LTBI treatment; otherwise leave blank. Indicate one of the following treatment regimens: • Isoniazid/Rifapentine (3 months; 3HP) • Rifampin (4 months; 4R) • Isoniazid (9 months; 9H) • Isoniazid (6 months; 6H) • Other If other option is selected, specify details in the "LTBI Treatment Notes" field.
If Treatment Not Started, Primary Reason Why?	If LTBI treatment was offered by civil surgeon but not initiated, indicate reason. If patient was referred for treatment, leave blank. Indicate the patient was referred in the check box.

LTBI Treatment notes	Include any comments/clarifications about LTBI treatment or referrals.

7. TB Disease Treatment Information

Leave this section blank when reporting LTBI.

8. Provider Contact Information

Field Name	Instructions/Comments
Primary Provider Contact Information: **Primary Provider Name** **Primary Provider Facility Name** **Primary Provider Phone Number** **Primary Provider Address**	If applicant was referred to their primary care provider for LTBI treatment, enter the primary provider's name, phone number, address, and facility name.
Other Provider Contact Information: **Other Provider Type** **Other Provider Name** **Other Provider Facility Name** **Other Provider Phone Number** **Other Provider Address**	If applicant was referred for LTBI treatment to a provider who is not their primary care provider, enter provider type, provider's name, phone number, address, and facility name.

9. Notes

Include any important patient information or clarifications not captured in other sections here.