

Process for Reporting Suspect and Active Cases of Tuberculosis

- 1) A suspect or confirmed case of TB can be reported to the Local Health Department (LHD) by a laboratory or health care provider (HCP). The MDSS accepts electronic lab reports (ELRs) from the MDHHS lab and many other reference laboratories, and an ELR will automatically trigger a new case report in MDSS. HCPs may also manually enter initial information about a suspect or confirmed case of TB into the MDSS. LHD staff need to be aware of new reports of TB cases in the MDSS that require investigation.
- 2) If entering the case manually, use the MDSS reportable condition “Tuberculosis.” Information should be entered into the MDSS as soon as a specimen has been submitted to a lab or the patient has been started on TB treatment. **At this step, leave the Investigation Status as “New”.**
- 3) If an electronic lab report is submitted and MDHHS TB Unit staff know the case will be counted, they will add an RVCT number and count date and change the status to “Active.”
- 4) LHD staff will then complete the following:
 - a. RVCT (Detail Form) Pages 1-8
 - b. RVCT (Detail Form) Page 15, fields “Submitted By”, “Date”, “Health Department”, “Phone Number” and “Ext.”
 - c. Change the Investigation Status to “Review” to indicate the case is ready for review by MDHHS TB Unit.

At this step, leave the Investigation Status as “Review”. This is the signal for the MDHHS TB Unit to review the case for counting. For any items in the RVCT that are unknown, please mark “unknown” – do not leave necessary questions unchecked.

Within 7 days complete the following sections: Patient Information, Demographics, Clinical Information and Laboratory Information.

Within 30 days complete all other information on pages 1-8.
- 5) Once RVCT pages 1-8 are reviewed by the MDHHS TB Unit, MDHHS TB staff will submit the case to CDC and the investigation status will be set to “Completed-follow up” for the duration of therapy. This allows MDHHS and the LHD to update the RVCT form, and these updates will be sent to CDC on a weekly basis.
- 6) When drug susceptibility information is available, the MDHHS TB Unit will enter the information into Follow-Up 1 Report, page 9, of the RVCT.
- 7) LHD staff are responsible for case management of the TB patient. The follow-up 2 form of the RVCT should be completed upon completion of therapy, not before. The investigation status should remain as “Completed- follow up” until completed.
- 8) When Follow-Up 2 information has been added to the MDSS, LHD staff should change the investigation status to “Review”. MDHHS will review all case information, and once all necessary information is collected MDHHS will mark the case “Completed” for final transmission to CDC.