

**Data Deadline Summary Sheet
For Local Public Health Authorities
TB Case or Suspect/Contact Investigation/B-Waiver Immigration Forms**

	What	When	How	To Whom	What Else
TB Disease Cases	Initial presumptive or confirmed case report*	<i>Open case in Orpheus within one week if:</i> - medication is started for TB disease <u>or</u> - NAAT or culture is MTB positive <u>or</u> - pathology report is consistent with TB	Create case record and complete required data elements in Orpheus (see Case Report and Data Entry Manual)	Enter in Orpheus	Attach to Orpheus case record initial lab reports (if not from OSPHL), pathology, and CXR
	Update**	<i>Update Orpheus case record within one week if:</i> - NAAT or culture is MTB positive <u>or</u> - 2 months treatment completed if clinical	Complete in Orpheus data elements required for verification (see Case Report and Data Entry Manual)	Enter in Orpheus	Attach to Orpheus case record verification lab reports (if not from OSPHL)
	Completion	<i>Update Orpheus case record within one week if:</i> - TB medications are stopped <u>or</u> - lab results are negative for TB and TB disease is ruled out	Complete in Orpheus data elements required for closure (see Case Report and Data Entry Manual)	Enter in Orpheus	Attach to Orpheus case record final CXR (if indicated and available)
Contact Investigation	Initial report	Within 4 weeks or after 1st round test	LPHA enters in Orpheus	Enter in Orpheus	For assistance with contact data entry, call TB Program at 971-673-0160.
	Update	In 8 weeks or after 2nd round test (include CXR & treatment start data for LTBI)			
	Completion	After all on treatment for LTBI are completed, treatment is stopped, or contact lost to follow-up			

* Case Report and Data Entry Manual is on the web page under Program Forms: <http://healthoregon.org/tb>

** Initial case report and update may be completed simultaneously if LHD is first notified of case at verification (eg, LHD receives a positive NAAT result as first notification)



Oregon Health Authority TB Program
800 NE Oregon Street, Ste. 1105
Portland, OR 97232
Phone: 503-358-8516 Fax: 971-673-0178

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	What	When	How	To Whom*	What Else
B-Waiver Forms	Initial evaluation	Complete within 30 days of US arrival	Complete: - Initial US medical evaluation - US review of overseas CXR - New domestic CXR - Comparison of new/overseas CXR - US microscopy/bacteriology (if indicated) - Review of overseas treatment	Submit on EDN or fax TB follow-up worksheet to: 971-673-0178	If no contact has been made after 30 days submit as "not located" and close
	Disposition	Complete within 120 days of US arrival	Complete: - Disposition - Diagnosis - US treatment start (if indicated)	Submit on EDN or fax TB follow-up worksheet to: 971-673-0178	RVCT data (section D4) not required unless it is TB disease; contact the state for RVCT #
	Treatment	Complete within 1 year of treatment start (treatment for LTBI or TB disease)	Complete: - US treatment completion	Submit on EDN or fax TB follow-up worksheet to: 971-673-0178	

* LPHAs with electronic access to EDN may enter data directly; otherwise, please fax the paper TB Follow-up worksheet to the state

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