

NC EDSS Local Health Department Business Rules for TB
Revised April 2014

General Guidelines for System Use:

1. Unload event and log out of the system when you are not actively using it.
2. Please have a screensaver activated on your computer. Contact your I.T. staff if you need for assistance.
3. Please do not set your computer to save your NC EDSS password or username. While we prefer that you don't write down your password, if you need to do so, please store it somewhere that won't be obvious to others.
4. Please do not let anyone log in to the system using your account.
5. NC EDSS should not be used on any computer outside your LHD or one of its satellite offices.
6. No sensitive information should be put into the "Person Notes" field. Person Notes can be viewed across all the programs. The area to record sensitive type notes is located in the "Event Summary" section.
7. Always use the "Back" button located within the NC EDSS screen rather than your browser's "back" button to avoid a system error that may log you out of the system.

TB Business Rules

1. All suspected or confirmed TB cases will be entered into NC EDSS within 7 days of notification. (This is the same information as sending the TB Reporting Tool or Epi Call Sheet to the Nurse Consultant within 7 days). You do not need to fax the reporting tool if it is entered into NCEDSS. Use the reporting tool wizard. Be sure to complete everything in the wizard, including the baseline visit date information.
2. All initial culture positive, non-electronic lab results (paper labs) will be entered into NC EDSS within 7 business days of receipt.
3. All positive AFB smear results should be reviewed by the local health department and non-ELR reports entered into NC EDSS if the patient is suspected of having active TB. If the patient starts medicine, the lab result should be entered into NC EDSS within 7 business days as specified above.
4. All TB suspects and active cases will have the initial chest x-ray interpretation recorded in NC EDSS within 7 days or as soon as the report is available (this is in the reporting tool wizard).
5. If an end of treatment chest film is indicated, the results should be entered into NC EDSS at treatment completion.
6. If electing to use the electronic DOT record, all DOT visit information will be entered into the **DOT/Outreach Question Package** in NC EDSS within 7 days of administering the dose.
7. Completed surveillance reports (RVCT and the Follow-up 1 report) on laboratory confirmed and clinical cases will be entered into NC EDSS within 12 weeks of starting treatment. Use the RVCT question summary wizard and make sure susceptibilities results have been entered manually or by ELR.

8. Follow-up 2 reports will be entered into NC EDSS within 4 weeks of treatment completion. If therapy is stopped prior to treatment completion, the reason must be entered. Use the RVCT follow-up 2 question summary wizard.
9. Contacts will receive a TST within 1 week of identification of suspect/case and the results will be entered into NC EDSS within 1 month *even if they are negative*. Use the contact summary wizard.
10. Contacts identified will be fully evaluated and all demographic and medical information (Nursing Record of Tuberculosis Contacts DHHS 1662) will be entered into NC EDSS within 2 weeks of completing the evaluation.
11. Contacts that begin treatment for latent tuberculosis infection will have completion of therapy information entered into NC EDSS within 1 month of treatment completion or treatment cessation.
12. Class B-1, B-2 and B-other immigrant and refugee evaluation and treatment information will be entered into NC EDSS within 1 month of the initial evaluation. The end of therapy date will be entered into NC EDSS within 1 month of the completion of the evaluation and/or completion of therapy. If the person moves out of state, enter the updated address information under the “person” tab, and notify the State TB Registrar of the new address.
13. Persons with LTBI who are not contacts to a suspect/confirmed case and who are not class B refugees do not have to be entered into NC EDSS. However, you still must provide targeted TST data to NC TB Control. This application would provide a consistent way to capture the necessary information.
14. All NC EDSS users will be expected to check their assigned NC EDSS workflows at least daily. The workflows that each user should review daily will depend on the role of that person. The lead TB staff person should assign workflows to individual staff members to ensure that workflows are viewed daily. Workflows that should be reviewed daily include.
 - a. Events with system generated concerns (This also shows up in red under notifications on the dashboard)
 - b. LHD Acknowledgement Needed
 - c. LTBI Class AB Treatment Plan Evaluation Incomplete by LHD
 - d. TB and LTBI- Lab result review required (local)
 - e. Contacts who need a TST
 - f. TB-RVCT follow Up two is due in two weeks or less
 - g. TB RVCT follow-up one due in two weeks or less
 - h. TB-RVCT is due in two weeks or less
 - i. TB – Reporting tool is due in 7 days
 - j. TB cases submitted for review and approval
 - k. Case deduplication
15. If a TB case moves from one jurisdiction to another within North Carolina it is the responsibility of the treating county to **call** the county to which the patient is transferring to discuss the patient’s arrival and treatment specifics. The treating county **must** go into NC EDSS to perform the process of “sharing” a case. Please share with the entire county group, not an individual person in that county. Please Note: **This does not transfer ownership or change the reporting county.** If the person moves out of state, enter the updated address information under the “person” tab; send an inter-jurisdictional referral, and notify the State TB Registrar of the new address

16. In order to view all the side effects for which the patient must be screened it is necessary to select the appropriate medications in the **Medication/Vaccine Information Question Package** first.
17. Each site must assign a local person to manually enter all positive Non-ELR (non Electronic Laboratory Reporting) laboratory information into NC EDSS. Laboratories utilizing ELR will continue to send paper copies of positive laboratory slips to each local area. It is not currently known when or if this procedure will change.
18. The RVCT Case Report is automatically populated from information entered into the Question Packages. Therefore, it is essential that corrections or changes be entered via the Question Packages or wizard. Do **not** alter the data auto-populating the data fields within the Case Report form (RVCT) by typing directly into the form.
19. MDR or XDR resistance and any significant (e.g. anaphylaxis, petechia, thrombocytopenia) drug intolerance should be noted in the “notes” field located on the NC EDSS dashboard or entered as a “Very High” concern.
20. In order to create a contact, the disease **MUST** be set to “TB-LTBI”. Then select “contact” from the **Classification Status** field in the **Administrative Question Package**. Please note: if the contact has a positive PPD, then you must select “reactor” in the **Classification Status** field in the **Administrative Question Package**. The “reason for this evaluation” should be “contact investigation” located in the Clinical Question Package.
21. **Closing TB Events:** The state TB registrar will close all reported TB cases in NCEDSS after case data is transmitted to the CDC and counts are finalized. After discussion with the local HD nurse, the Regional Nurse Consultant will close those TB events that are ruled out, invalid, or do not meet criteria.
22. **Closing LTBI Events:** The local health department TB nurse should close all LTBI events (except Class A/B) upon completion or once a treatment outcome has been determined. If treatment is incomplete a reason must be selected from the drop down menu. Class A/B events will be closed by the state registrar or epidemiologist after being reviewed.
23. Since LTBI events are not reportable, the county in which they are counted should be the county that is actually doing the work associated with the LTBI event. This will ensure that those LTBI events are counted in the correct targeted testing reports and show up in the correct county’s workflows. When creating a LTBI event for an out-of-county resident the user must enter the correct address, including county of residence, but in the Administrative Package, the user would choose the county that is currently providing services to the patient for the question: NC County of Residence for this Event. Share the event with the county where the patient lives so both counties can view the event.