



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

**NEDSS Training Module 5:
Tuberculosis, TB Disease Only, &
Comprehensive TB Treatment Details Tabs**

**DSHS Contractor Training
2023**

Module 5

After
completing
this module,
you should
be able to:

1. Enter data in the Tuberculosis tab
2. Enter data in the TB Disease Only tab
3. Enter data in the Comprehensive TB Treatment Details tab

Part 1: The Tuberculosis Tab

Athena Zeus | Female | 02/01/1999 (24 Years)

Investigation ID: CAS494243017TX01

Created: 09/23/2023

Investigation Status: Open

Last Updated: 09/23/2023

Investigator:

Case Status: Suspected

Patient

Case Info

TB History

Tuberculosis

TB Disease Only

Go to: [Initial Evaluation](#) | [Risk Factors](#) | [Diagnostic Testing](#) | [Chest Imaging](#)

[Expand Sections](#)

+ Initial Evaluation

+ Risk Factors

+ Diagnostic Testing

+ Chest Imaging

+ Additional Imaging

+ Epidemiologic Investigation

[Previous](#) [Next](#)

Patient

Case Info

TB History

Tuberculosis

TB Disease Only

MDR TB

LTBI O

Tuberculosis Tab Contains 6 Sections:

1. Initial Evaluation
2. Risk Factors
3. Diagnostic Testing
4. Chest Imaging
5. Additional Imaging
6. Epidemiologic Investigation

- Enter data as prompted
- Remember: can collapse subsections as needed

Go to: [Initial Evaluation](#) | [Risk Factors](#) | [Diagnostic Testing](#) | [Chest Imaging](#) | [Additional Imaging](#) | [Epidemiologic Investigation](#)

[Collapse Sections](#)

Initial Evaluation

[Collapse Subsections](#)

11. Nativity

11a. Country of Birth:

If country of birth is NOT United States, regardless of citizenship, indicate the date when the patient first arrived in the US.

Date of First US Arrival:

If arrived in the US in the past 12 months, did patient arrive with a TB A/B notification?:

11b. Eligible for US Citizenship or Nationality at Birth?:

Complete Countries for Birth for Primary Guardians(s) for pediatric cases only (less than 15 years old).

11c. Countries of Birth for Primary Guardian(s) (pediatric: <15 years old cases only):

(Use Ctrl to select more than one)

AFGHANISTAN
ALAND ISLANDS
ALBANIA
ALGERIA
AMERICAN SAMOA

Selected Values:

12. Country of Usual Residence

12a. Country of Usual Residence:

12b. If NOT US Reporting Area, Has Patient Been in US for 90 Days or More?:

TB Diagnosis

13. Status at TB Diagnosis:

14. Initial Reason Evaluated for TB:

Other 14. Initial Reason Evaluated for TB:

Did initial TB evaluation occur at health department?:

Where was the initial TB diagnostic evaluation performed?:

Other Where was the initial TB diagnostic evaluation performed?:

Date health department became involved with the plan of care:

Date of Initial Assessment:

Respiratory Isolation Indicated:

Isolation Start Date:

Isolation End Date:

Quarterly Reporting

Using the drop downs and date fields, enter all applicable initial evaluation data as available.

Enter YES if a symptom screening was done. Enter data as available.

TB Symptom Screening Performed: Yes
Symptom Screening Date: 10/12/2023
Is patient symptomatic?: Yes

Symptom Screening

Symptom Screening Repeating Block

TB Symptoms Reported	Date of Symptom Onset
Chest pain	10/04/2023
Fever/chills	10/04/2023

TB Symptoms Reported:
Other TB Symptoms Reported:
Date of Symptom Onset:

Add

If YES, enter the symptoms provided with the date of onset in the repeating block.

Select the add button after entering each individual symptom

Consult Performed?:
Request Submitted:
Consultant:

Medical Consult

16. Other Risk Factors

Medical Risk Factors

Diabetic At Diagnostic Evaluation:	Yes
End Stage Renal Disease:	Yes
HIV/AIDS:	No
Other Immunocompromise (other than HIV or AIDS):	No
Post Organ Transplantation:	No
TNF-alpha Antagonist Therapy:	No
Viral Hepatitis (B or C Only):	No
Cancer - Head and/or Neck:	No
Cancer - Other:	No
Chronic Renal disease:	Yes
Hemodialysis:	Yes
Gastrectomy or Jejunioleal Bypass:	No
COVID-19 Co-Infection:	No
Silicosis:	No
Skin Test Conversion - increase of 10 mm or more within 2 years:	No
Weight 10% less than ideal body weight:	Yes
Other Risk Factor:	

Other Risk Factor

Enter any medical risk factors provided. When Yes/No/Unknown options are listed, users may select "Y" or "N" and then the tab key to quickly select Yes or No.

Be Mindful of Errors Prompted

Submit Cancel

Please fix the following errors:

- You have entered or edited information and have not clicked on Add or Update in the **Lab Interpretive Repeating Block** repeating block table. Please take the appropriate action and try again.

Athena Zeus | Female | 02/01/1999 (24 Years)

Patient ID: 176788440

Investigation ID: CAS494243017TX01

Created: 09/23/2023

By: Elizabeth Foy

Investigation Status: Open

Last Updated: 09/23/2023

By: Elizabeth Foy

Investigator:

Case Status: Suspect

Notification Status:

* Indicates a Required Field

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Go to: [Initial Evaluation](#) | [Risk Factors](#) | [Diagnostic Testing](#) | [Chest Imaging](#) | [Additional Imaging](#) | [Epidemiologic Investigation](#)

[Expand Sections](#)

Initial Evaluation

[Collapse Subsections](#)

11. Nativity

[Back to top](#)

Demonstration



TEXAS
Health and Human
Services

Texas Department of State
Health Services

NEDSS Module #5, Demonstration #6:
The Tuberculosis Tab

Texas Department of State Health Services
Tuberculosis and Hansen's Disease Unit
NEDSS TB Data Entry Contractor Training
2023

<https://vimeo.com/manage/videos/877241857>

Part 2: TB Disease Only Tab

Athena Zeus | Female | 02/01/1999 (24 Years)

Investigation ID: CAS494243017TX01

Created: 09/23/2023

Investigation Status: Open

Last Updated: 09/23/2023

Investigator:

Case Status: Suspect

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only
---------	-----------	------------	--------------	------------------------	--------	-----------

Go to: [Clinical History and Findings](#) | [Initial Treatment Information](#) | [Genotyping](#)

[Expand Sections](#)

+ Clinical History And Findings

+ Initial Treatment Information

+ Genotyping And Drug Susceptibility

+ MDR TB Case

+ Case Outcome

[Previous](#) [Next](#)

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only
---------	-----------	------------	--------------	------------------------	--------	-----------

TB Disease Only Tab Contains 5 Sections:

1. Clinical History and Findings
2. Initial Treatment Information
3. Genotyping and Drug Susceptibility
4. MDR TB Case
5. Case Outcome

- This is a large tab with multiple data fields
- Complete as data is provided
- Skip sections not applicable

Initial Treatment Information Section

- 1) Start by selecting Date Therapy Started.
- 2) If the patient started the 4 core TB drugs:
 - Rifampin
 - Isoniazid
 - Pyrazinamide
 - Ethambutol

User may select the “**Standard Regimen (4)**” button.

- 3) Alternatively, use the drop down on each individual drug.
- 4) Users must mark YES, NO, or UNK for each drug (do not leave blank).

Initial Treatment Information
[Collapse Subsections](#)
Treatment

30. Date Therapy Started: 07/31/2023

31. Initial Drug Regimen

Standard Regimen (4)

Mark Rest 'No'

Isoniazid:	Yes
Rifampin:	Yes
Pyrazinamide:	Yes
Ethambutol:	Yes
Streptomycin:	No
Rifabutin:	No
Rifapentine:	No
Ethionamide:	No
Amikacin:	No
Kanamycin:	No
Capreomycin:	No
Ciprofloxacin:	No
Levofloxacin:	No
Ofloxacin:	No
Moxifloxacin:	No
Other Quinolones:	No
Cycloserine:	No
Para-Amino Salicylic acid:	No
Linezolid:	No
Bedaquiline:	No
Delamanid:	No
Clofazimine:	No
Pretomanid:	No
Other Drug:	No

Specify Other Drug:

Clear

Additional Subsections

34. Was phenotypic/growth-based drug susceptibility testing done?:

IF YES, provide test results (For the initial susceptibility testing please send a response for each individual drug when change is identified).

Phenotypic Drug Susceptibility Testing Information

Drug Name	Date Collected	Date Reported	Specimen Source	Result	Test Method
No Data has been entered.					

Standard Susceptibilities (4)

Drug Name:

Date Collected:

Date Reported:

Specimen Source:

Result:

Test Method (Optional):

Other Test Method (Optional):

Molecular Drug Susceptibility

User must select *Yes or No* here

Remember: fields will be grayed out and not editable until a response is entered in a previous required question.

Before entering data here

Demonstration



TEXAS
Health and Human
Services

Texas Department of State
Health Services

<https://vimeo.com/manage/videos/877242016>

Part 3: Comprehensive TB Treatment Details Tab

Comprehensive TB Treatment Details Tab

Contains 6 Subsections:

1. Treatment Information
 2. Treatment Details
 3. Treatment Ordering Provider
 4. Medications
 5. Monthly Medication Administration Summary
 6. End of Treatment Dose Count
- Majority of data is in the medications subsection (Do NOT enter in the Monthly Medication Administration Summary subsection – this is for the health departments).

Help | Logout
User : Elizabeth Foy SIT-2

Submit Cancel

Patient ID: 176788440

: 09/23/2023 By: Elizabeth Foy
dated: 09/23/2023 By: Elizabeth Foy
atus: Sus Notification Status:

* Indicates a Required Field

ease TBI Only Comprehensive TB Treatment Details Contact Investigation Contact Records Supplemental Info

MDR TB Case | Case Outcome

[Back to top](#)
[Back to top](#)
[Back to top](#)
[Back to top](#)
[Back to top](#)

[Previous](#) [Next](#)

ease ly MDR TB LTBI Only Comprehensive TB Treatment Details Contact Investigation Contact Records Supplemental Info

Submit Cancel

Add

Medications

Drug	Drug Start Date	Drug Stop Date	Dosage (mg)	Reason Drug Stopped
Isoniazid	07/15/2021	02/08/2022	300	Treatment completed
Rifampin	07/15/2021	02/08/2022	600	Treatment completed
Pyrazinamide	07/15/2021	07/21/2021	1500	Adverse Drug Reaction

Drug: Isoniazid
Amikacin
Bedaquiline
Capreomycin
Ciprofloxacin
Clofazimine

Other Drug: _____

Drug Start Date: _____

Drug Stop Date: _____

Dosage (mg): _____

Reason Drug Stopped: _____

Select the Add button to add each new medication to the repeating block




Add

Enter all medications taken for TB in the **medications repeating block** field. Use the drop-down menus to select the correct drug, and manually enter dosages.

Medication Subsection

- Medications must be entered correctly
- Be mindful of drugs that begin with the same first few letters:
 - Example: **Rifampin** or **Rifabutin** or **Rifapentine**

Medications

Drug	Drug Start Date	Drug Stop Date	Dosage (mg)	Reason Drug Stopped
   Isoniazid	10/13/2022	04/11/2023	300	Treatment completed

Drug: Isoniazid

Other Drug:

Drug Start Date: 10/13/2022

Drug Stop Date: 04/11/2023

Dosage (mg): 300

Reason Drug Stopped: Treatment completed

Add New



Demonstration



TEXAS
Health and Human
Services

Texas Department of State
Health Services



<https://vimeo.com/manage/videos/877242118>

Data Accuracy

Enter data exactly as it is provided:

- Do not select “Unknown” unless the data field provided says “Unknown” – leave blank if no data is available
- Do not try to interpret what is meant in the data; enter only as it is provided



Your Time to Try!

Navigating NEDSS



Do not use the back button from your internet browser. Records may become corrupted, and these errors are not easily resolved. If you accidentally use the back button, return to the home page and start again.



Use Microsoft Edge. It is the browser to use when accessing NEDSS.



Avoid opening multiple tabs of NBS. If you have more than one open in a browser to edit information, it can cause data corruption issues. If you must have multiple open, use different browsers.

Exercises 7, 8, and 9



Texas Department of State
Health Services

End of Module 5