



Public Health  
England

Protecting and improving the nation's health

# **Latent TB Infection (LTBI) testing and treatment national data entry templates**

A user guide for general practitioners (GPs), clinical commissioning groups (CCG) and their clinical support centres

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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# Contents

Introduction	4
Overview of the LTBI programme	5
Data flow summary	7
EMIS LTBI template	10
SystemOne (TPPS) LTBI template	17
Users without EMIS Web or SystemOne Access	23
Data submission	29
Appendix A: List of eligible countries	35
Appendix B: LTBI variable list	36
Frequently asked questions about the templates	38

## Introduction

The national Latent TB Infection (LTBI) testing and treatment programme is one of ten key actions specified in the NHS England/PHE Collaborative TB Strategy for England, 2015-20 which aims to reduce TB in England. The majority of active TB cases diagnosed in England are a result of reactivation of persons with LTBI. Nearly two thirds of all notified TB cases in England are in non-UK born persons. We expect the systematic identification and treatment of new migrants with LTBI to significantly decrease the incidence of TB in England.

This programme aims to identify new migrants 16 to 35 year olds who recently arrived in England (ie in past five years) from countries with a high incidence of TB. Testing will be carried out in primary care where eligible patients will be identified as they register with their GPs. GPs are expected to offer a blood-based testing, Interferon-gamma Release Assay (IGRA) and to refer those with positive results to secondary TB services.

### Purpose

This user guide is intended for use by GPs, clinical commissioning groups (CCGs) and their commissioning support centres. It provides instructions on how to activate or upload bespoke LTBI templates into GP clinical systems. For secondary TB services, there are instructions on how to access and enter data into the PHE web-based form. We expect data to be entered in an accurate and timely manner. Many data variables are already present in GP systems and therefore the new templates only include a limited list of additional variables.

This document also includes the data extraction queries for both EMIS WEB and provides instructions on how data files should be sent to PHH using a secure file exchange system called CyberArk.

This document is correct as of January 2016 however there may be changes to the system alongside ongoing development work.

## Overview of the LTBI programme

This section provides an overview of the national LTBI testing and treatment programme.

### Who is eligible for testing within the national LTBI testing and treatment programme?

Individuals who were:

- born or spent > 6 months in a high incidence country ( $\geq 150$  per 100,000 or Sub-Saharan Africa. See appendix) and
- entered the UK with the last 5 years and are
- aged 16-35 years and
- have no history of TB ( either treated or untreated) and
- have never been tested for LTBI in the UK

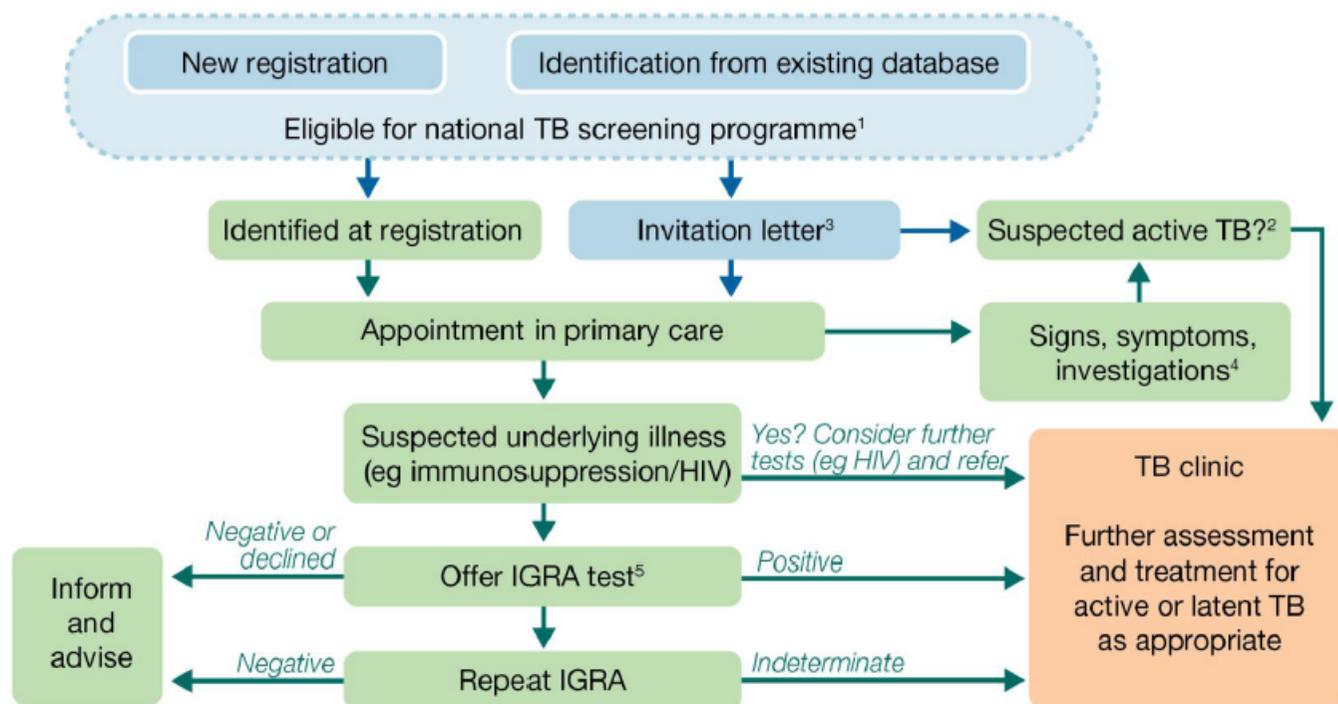
### Where will testing occur?

Usually, testing will be conducted in the primary care setting. GP practices will be responsible for identifying eligible new migrants during the new patient registration. In the initial phase of the programme, GPs are encouraged to test eligible new migrants prospectively, i.e. when they first register with the practice. Once robust systems are in place for this group, GPs may begin to test eligible patients in their register. A clinical assessment of patients for LTBI should include a brief history and symptom check to rule out active TB. If TB is suspected, patients should immediately be referred to local TB services for further evaluation. Patients without symptoms will be given a form to receive a single blood test for interferon gamma release assay (IGRA). Specific arrangements for laboratory analysis should be performed according to local arrangements.

### Where will treatment occur?

Most patients with positive IGRA test should be referred to secondary TB services for further clinic work-up including blood test for liver function and a chest X-ray prior to treatment initiation. The recommended treatment regimen is 3 months rifampicin/isoniazid combination therapy or 6 months isoniazid monotherapy.

Figure 1: Algorithm for LTBI testing and treatment programme



1 Full eligibility criteria a) Born or spent >6 months in high TB incidence country (150 cases per 100,000 or more/Sub-Saharan Africa); b) Entered the UK within the last 5 years (including where entry was via other countries (eg within EU/EEA)); c) Aged 16-35 years; d) No history of TB either treated or untreated; e) Never screened for TB in UK. Also review indication for LTBI screening using NICE guidance (eg if outside age group)

2 TB contacts should be referred to the local TB service. TB suggestive symptoms include a) Cough> 3 weeks; b) Haemoptysis (cough with blood); c) Night sweats; d) Unexplained weight loss; e) Unexplained fever; f) Lymph node swelling (especially cervical).

3 The invitation letter advises patients to seek clinical care if they have symptoms of TB

4 The recommended investigations prior to referral will depend on local arrangements, but might include CXR and sputum collection as appropriate NB- colours of the boxes denote location and responsibilities: blue- systematic identification mechanism; Green- Primary Care; Orange- Secondary Care

5 Also offer HIV test according to BHIVA/HPA recommendations and consider hepatitis B/C testing where appropriate

## Data flow summary

This section provides an overview of the programme data flows. Data for the national LTBI testing and treatment programme will be collected from GPs and secondary care TB services and sent to PHE for monitoring and evaluation purposes.

### GP data collection

GPs are responsible for collecting and entering information on LTBI into their existing GP systems. LTBI data collection templates are now available for EMIS Web and SystemOne users. GPs that do not use EMIS Web or SystemOne should enter patient data using a web-based form prepared by PHE. Details on how to access this form is provided on page 23 of this document. A template for Vision is under development.

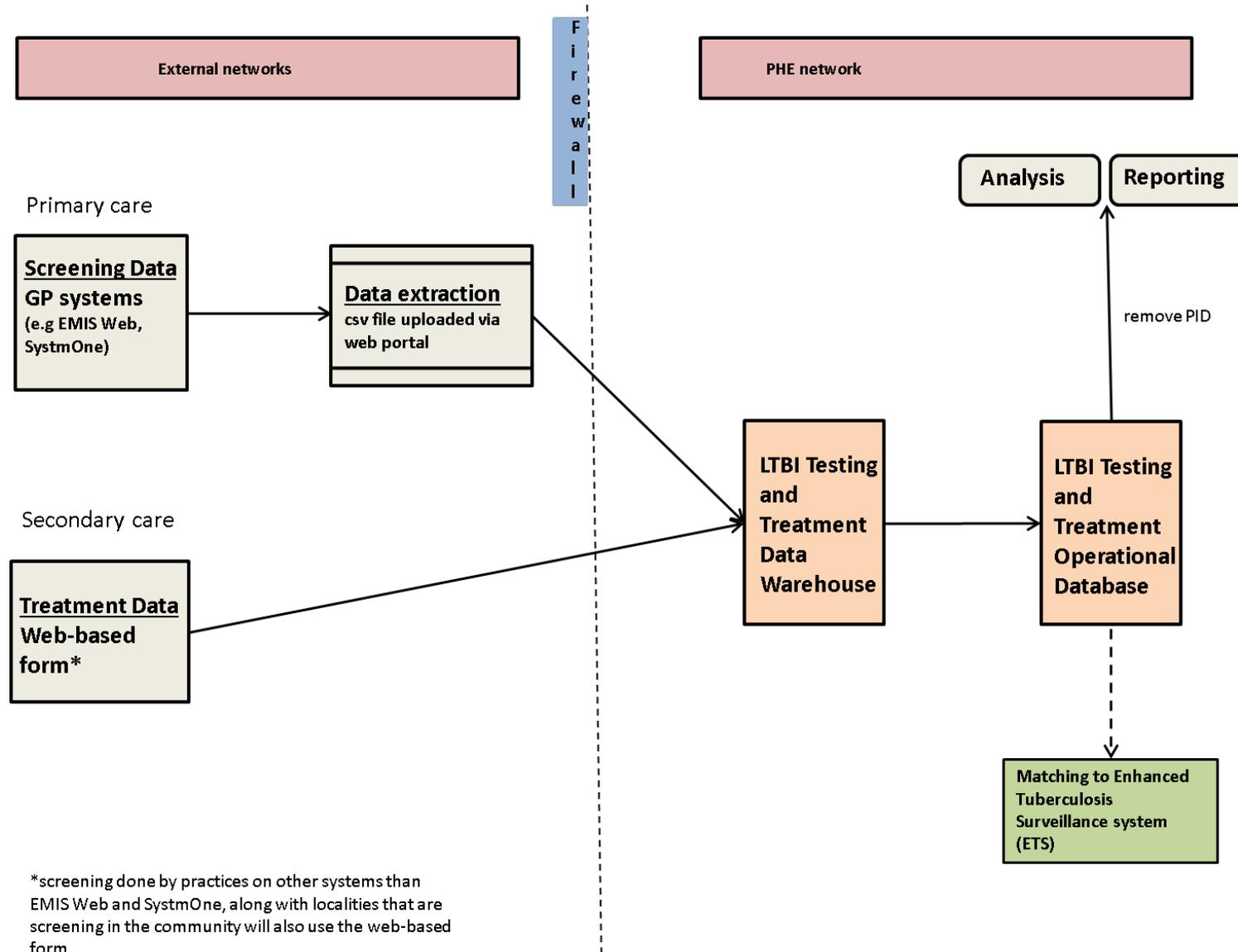
### Secondary TB services data collection

Most GPs will refer patients with a positive IGRA test to local secondary TB care services for further medical evaluation and treatment initiation. TB nurses or administrations staff will enter LTBI treatment data into a web-based database prepared by PHE. This data base is currently being developed by our System Development Unit (SDU). In the interim, secondary care TB services should enter information in our temporary web-based form which is available and useable now. Details on this form are on page 23.

### Data extraction

GP data will be extracted by locality using their usual commissioning support centres (ie Clinical Commissioning Groups or clinical effectiveness groups). Data extraction queries have been prepared for EMIS Web and SystemOne and are included in this document. All data extraction must include variables included in the LTBI data set. See appendix B for a full list of data variables.

Figure 2: Data flow for national LTB testing and treatment programme



## Information Governance

Data flow between parties involved in the LTBI programme is subject to the Data Protection Act and information governance rules. It is lawful and appropriate to move the data in the manner described for in this guide, so long as all stated processes are complied with.

PHE has obtained approval to receive and process confidential patient information without first obtaining patient consent for the LTBI programme under Regulation 3 of The Health Service (Control of Patient Information) Regulations 2002 (as made under Section 60 of the Health and Social Care Act 2001 and amended by Section 251 of the NHS Act 2006). This legislation provides for the common law duty of confidentiality to be set aside to allow confidential patient information collection without patient consent to be processed for purposes related to “communicable disease and other risks to public health”. This approval means that GPs will not be in breach of common law duty of confidentiality when they share the requested LTBI data with PHE. They would of course still be responsible for complying with all other relevant data protection laws.

GPs satisfy ‘fair processing’ by giving patients a copy of the patient information leaflet which tells them how their data will be used. Once patients are aware of this, they can write to the address provided on the leaflet and request their information to be deleted from the LTBI database. This means is that patients can opt to exclude their information from the database. The leaflet can be found at the LTBI guidance website

<https://www.gov.uk/government/publications/latent-tb-infection-ltbi-testing-and-treatment>

### How can I get more information about TB?

If you want more information you can contact the following:

**Your doctor or nurse**  
(Free translated information and interpreting services available)

**Public Health England-Latent TB Testing and Treatment**

<https://www.gov.uk/tuberculosis-screening#latent-tb-infection-ltbi>

**The Truth About TB website**

<http://www.thetruthabouttb.org/what-is-tb/latent-tb/>

**NHS Choices**

<http://www.nhs.uk/conditions/tuberculosis/pages/introduction.aspx>

Public Health England  
133-155 Waterloo Road  
Wellington House  
London SE1 8UG  
Tel: 020 7654 8000  
[www.gov.uk/phe](http://www.gov.uk/phe)  
Twitter: @PHE\_uk  
Facebook: [www.facebook.com/  
PublicHealthEngland](http://www.facebook.com/PublicHealthEngland)



Latent TB testing and treatment: Information for patients

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# EMIS LTBI template

## About EMIS Web and the LTBI template

EMIS Web is web-based clinical system which is used by many GP surgeries across the country. EMIS Web is a cloud-based system, meaning GPs connect into the system remotely using issued role based username and passwords. Some of the system features include patient records, appointment details and prescriptions.

The EMIS Web LTBI template was developed by the Clinical Effectiveness Group (CEG), Blizzard Institute in collaboration with Newham CCG and PHE. It is available to all GPs using EMIS Web. CEG has also developed an accompanying template guide which can be found here <http://www.blizard.qmul.ac.uk/ceg-resource-library/emis-web-materials/templates/screening-and-prevention.html>

The screenshot shows the website interface for the Blizzard Institute. At the top, there is a dark red header with the 'Blizard Institute' logo on the left and 'Current Students For Staff' on the right. Below the logo is the 'Barts and The London School of Medicine and Dentistry' logo and a search bar. A navigation menu below the header includes links for HOME, ABOUT, RESEARCH, STUDY, CLINICAL SPECIALTIES, STAFF, EVENTS, and CONTACT. The main content area has a breadcrumb trail: Home > Resource Library > EMIS Web Materials. On the left, there is a sidebar with a blue box for 'CLINICAL EFFECTIVENESS GROUP' and links for 'CEG Home', 'Resource Library', 'Clinical Guidance', 'EMIS Web Materials', and 'Webcasts/Videos'. The main content area is titled 'Screening and Prevention Documents' and lists three documents:

- Adult Immunisations, Template guide, CEG (vr2) June 2014  
Published on 02 June 2014 • Modified on 19 June 2015
- At Risk Childhood Asthma, City & Hackney, Template Guide, CEG (vr3) October 2014  
Published on 04 September 2015 • Modified on 08 September 2015
- Follow up A+E Unplanned admissions, City and Hackney, Template Guide, CEG (vr2) July 2015  
Published on 08 September 2015 • Modified on 24 November 2015
- Latent TB Screening and Treatment, Newham, Template Guide, CEG (vr5), Dec 2015**  
Published on 04 December 2015

The last document is circled in blue.

## How to use the template

The LTBI template is designed to collect data specific to the LTBI testing and treatment programme. It is designed to be embedded into the GP clinical systems and to be used alongside other existing templates ie new patient registration or health check templates. The LTBI template does not collect patient demographic details such as the patient name, date of birth, address and NHS number. These would be available in EMIS through the main patient record.

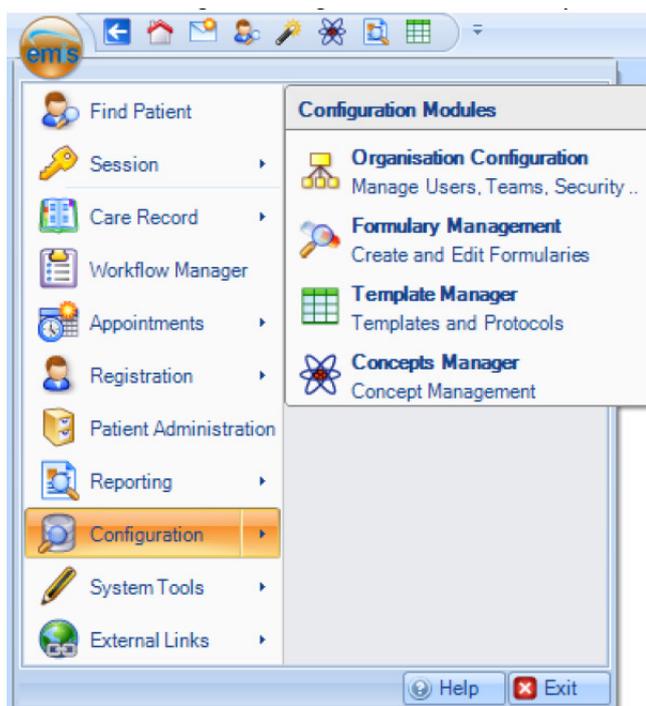
GPs and CCGs are encouraged to work together to meet any training needs for GP clinic staff. All new patients who register with the practice should be assessed for eligibility.

## How to activate the EMIS Web LTBI Web Template

To activate the CEG LTBI template in the EMIS Library please follow the instructions below.

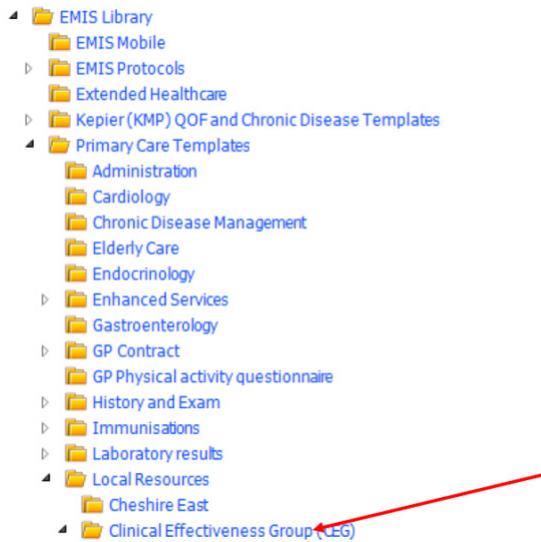
1. From the EMIS start button go to configuration and then the **Template Manager**. If you do not see **Template Manager**, you probably do not have the right user permissions. Please contact your local EMIS Web support team.

You only need to activate the template once. It will then be available for you to use alongside your other routine templates.



If you do not see the **Template Manager**, contact your local EMIS support team

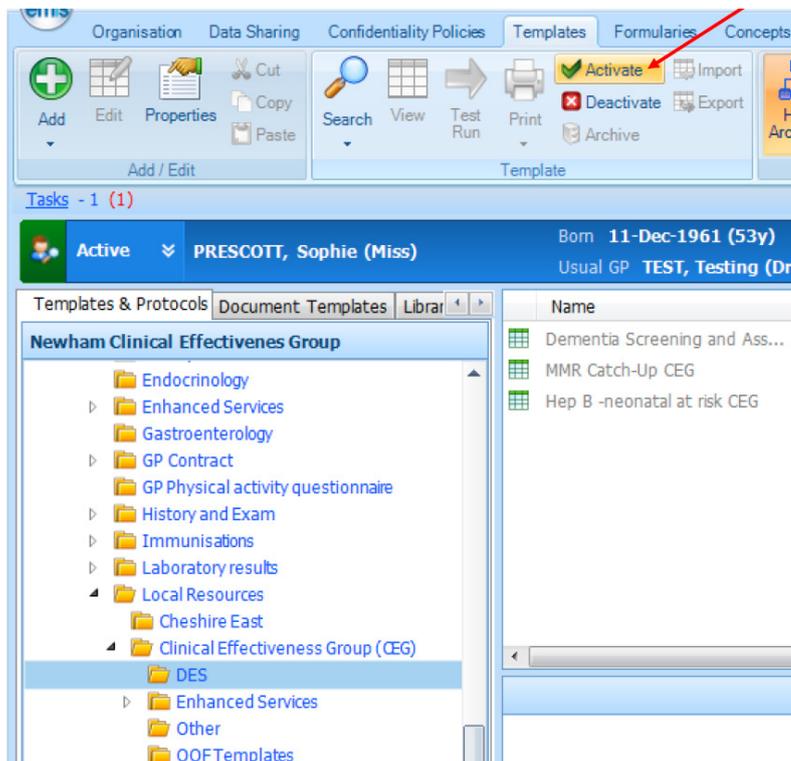
2. Navigate to the **Primary Care Templates** folder.



3. Open the **Local Resources** folder

- a. Open the **Clinical Effectiveness Group** folder
- b. Open the **Enhanced Services** folder
- c. Open the **Newham** folder

4. To activate the Newham LTBI template folder select the template name and choose **Activate** from the menu on top.



## Entering data into EMIS Web LTBI template

Once the template is activated existing patient information collected elsewhere in EMIS Web will automatically be populated. You only need to complete the relevant fields. The LTBI template has two main data entry screens:

- Screening Offer
- Assessment and Treatment

### Screening Offer

The screenshot shows the 'Screening Offer' form in the EMIS Web interface. The form is titled 'Latent TB Template \*\*Signifies Locality Payment/Quality Indicators' and is part of the 'CEG Clinical Effectiveness Group' template. It includes instructions for 'Newham EPCS payment/quality indicator' and fields for 'Country of birth', 'Ethnicity', 'Date of entry to UK', 'Tuberculosis contact', and 'IGRA test invitation or decline'. The 'Date of entry to UK' field is populated with '18-Dec-2014'. The 'Country of birth' field is populated with '19-Jun-2014 Born in Afgha...'. The 'Ethnicity' field is populated with '23-Sep-2014 British or mix...'. The 'Tuberculosis contact' field is populated with '05-May-2014'. The 'IGRA test invitation or decline' field is populated with '14-May-2014' and 'No previous entry'.

This section collects additional demographics such as country of birth and date of entry to the UK:

- country of birth ( this field is also proxy for Country of origin)
  - Option includes only countries that met the criteria of a TB incidence rate of 150/1000 or countries in Sub Sahara Africa
  - Select country if a patient has lived in a high incidence country for more than 6 months
- date of entry to UK
  - The national programme targets new migrants who entered the UK within the last five years. Enter the date period determined by your GP and CCG. This date should be selected and communicated with GP staff before the start of screening
- tuberculosis contact
  - Please indicate if the patient has ever been a contact to an active case (in the UK or else where)
- IGRA test invitation
  - Make at least three attempts to invite eligible patients to take an IGRA test, unless the patient has declined the test. Please indicate how many times a patient as been contacted

## Assessment and treatment

- IGRA test result
  - Please enter all IGRA test results here
  - Check with your local IGRA laboratory analysis provider to determine how results will be added into EMIS. Often, most laboratories will send results electronically and patient records will be updated accordingly
  - If a patient has an existing IGRA results it will appear on the top right hand side of the template

The screenshot shows the 'IGRA Test Result' template in a 'Template Runner' interface. The form is divided into several sections:

- IGRA Test Result:** A dropdown menu for the test result and a date field (18-Dec-2014) with a calendar icon. To the right, it says 'No previous entry'.
- Text:** 'Once a diagnosis of Latent TB has been made, we would recommend that the diagnostic code '65Y9' (Latent TB) is entered into the medical record. If patient is sure they have completed a full course of treatment for LTBI or TB, tick the following box, don't offer treatment but still screen for active TB infection.'
- TB chemotherapy:** A checkbox labeled 'TB chemotherapy' with a date field (18-Dec-2014) and a calendar icon. To the right, it says 'No previous entry'.
- Pre-Treatment Assessment (to assess if 'high risk' or 'low risk'):** A section with a list of steps: '1) checking symptoms', '2) considering medication', '3) entering test results received', and '4) referring for a CXR, FBC and ESR blood tests'.
- Positive IGRA counselling:** A checkbox labeled '\*\*\*Positive IGRA counselling consultation done' with 'No previous entry' to the right.
- Check Symptoms:** A section with instructions: 'If any one of the following symptoms has been present for more than 3 wks OR more than one symptom is present: patient may be 'high risk' for Tb. Please discuss with secondary care.'
- Symptoms:** Four rows of symptoms with dropdown menus and 'No previous entry' text: 'Cough present?', 'Fever present?', 'Drenching Night sweats', and 'Abnormal weight loss'. A fifth row is 'Lymphadenopathy present?' with a dropdown menu and 'No previous entry'.
- Include chest examination:** A checkbox at the bottom.

Red arrows point from the text 'Please indicate any previous treatment of TB here' to the 'No previous entry' field for TB chemotherapy, and from the text 'Previous IGRA records will show up here' to the 'No previous entry' field for the IGRA test result.

Please indicate any previous treatment of TB here

Previous IGRA records will show up here

- Please note that a patient with an existing IGRA test should not be tested again
- Patients with who have previously been treated for TB should not offered IGRA testing either
- If a patient has a positive IGRA test please indicate whether or not GP consultation has been done

- pre-treatment assessment
  - Questions in this subsection include:
    - symptoms
    - laboratory tests
    - chest X-ray (CRX) results
    - adverse reaction to treatment
  - Symptom checks should be conducted for all patients being screened
  - Where TB is suspected based on clinical signs and symptoms, patients should immediately be referred to secondary TB services for further evaluation and action. This should be done even if IGRA tests have not been performed and/or are negative
  - If you receive information from secondary TB services, please make sure any relevant information is updated in the patient records

Latent Tb Screening and Treatment - Camden CCG - Template Runner

MOUSE-TESTPATIENT, Christine -Mickey- (Miss) Born 01-Jan-1960 (55y) Gender Female EMIS No. 17 Usual GP LING, Karen (Dr)

Template Runner

Pages: Screening Offer, Assessment & Treatment

IGRA Test Result

\*\*IGRA test result: 20-Nov-2015 Interferon g...  
 25-Nov-2015

Once a diagnosis of Latent TB has been made, we would recommend that the diagnostic code '65Y9' (Latent TB) is entered into the medical record.  
 If patient is sure they have completed a full course of treatment for LTBI or TB, tick the following box, don't offer treatment but still screen for active TB infection.

TB chemotherapy 25-Nov-2015 No previous entry

Pre-Treatment Assessment (to assess if 'high risk' or 'low risk')

This assessment consists of:

- 1) checking symptoms
- 2) considering medication
- 3) entering test results received
- 4) referring for a CXR, FBC and ESR blood tests

\*\*Positive IGRA counselling consultation done No previous entry

Positive IGRA referral to respiratory specialist nurse 25-Nov-2015 No previous entry

Diabetes 25-Nov-2015 No previous entry

Any chest damage? 25-Nov-2015 No previous entry

Any liver damage? 25-Nov-2015 No previous entry

Current smoker? 25-Nov-2015 18-Sep-2015 Current smo...

Check Symptoms

- All other laboratory tests performed by the GP should be entered here. These results will automatically populate if they have been entered in other templates

**Test Results**

Plasma C reactive protein	<input type="text"/>	mg/l	18-Dec-2014	No previous entry
Serum total bilirubin level	<input type="text"/>	umol/L	18-Dec-2014	12-Dec-2013 25 umol/L
ALT/SGPT serum level	<input type="text"/>	IU/L	18-Dec-2014	12-Dec-2013 45 IU/L
<a href="#">Click for lab parameters</a>				
HIV status	<input type="text"/>		18-Dec-2014	No previous entry
Hepatitis B status	<input type="text"/>		18-Dec-2014	No previous entry
Hepatitis C status	<input type="text"/>		18-Dec-2014	No previous entry

**Investigations**

Patient should be referred for CXR, FBC and ESR.

CXR result:  No previous entry

Erythrocyte sedimentation rate:  mm/h 18-Dec-2014 No previous entry

**Consider Medication**

Adverse reaction to Rifinah 18-Dec-2014 01-Apr-2014

[Click for adverse reactions guidance](#)

Please update patient records when information is received back from TB nurses or the respiratory consultant.

- referral to Secondary TB
  - Please indicate whether a patient with positive IGRA results has been referred for secondary TB services
  - Note treatment in primary care is only being carried out in Newham.
  - All other localities will refer to secondary care
  - Ignore the question on consent to share data with PHE. As a pilot site, this is applicable to Newham only

**Referral to Secondary Care**

Consider referral to secondary care for the following conditions:  
 Hepatitis B  
 Hepatitis C  
 Heavy alcohol use  
 Malnutrition or albumin below 25  
 Cirrhosis or any other chronic liver disease  
 Pregnancy  
 Immunosuppression

If abnormal blood results, repeat after 2 weeks. If remain abnormal, discuss with secondary care.

For secondary care advice, email: [Heinke.Kunst@nhs.net](mailto:Heinke.Kunst@nhs.net) (If including patient identifiable data, must email from an 'nhs.net' account.)

Referral to secondary care:  No previous entry

**Treatment Protocol**

GP to issue 3x 1-month prescriptions, dated 1-month apart, of:  
 Rifinah 150 3 tablets od if less than 50kg  
 or Rifinah 300 2 tablets od if more than 50kg  
 and Pyridoxine 25mg 1 tablet od  
 and send by electronic prescribing.

[Click for drug interactions guidance](#)

**Consent**

Verbal consent obtained for treatment No previous entry

Consent given to share patient data with specified 3rd party Text: Pharmacy:  04-Jul-2014

Ignore question on consent. This is applicable ONLY to Newham CCG

# SystemOne (TPPS) LTBI template

## About SystemOne

SystemOne GP is an electronic medical system used by many GPs across the country and some secondary care services. Similar to EMIS Web, SystemOne is web-based and allows patient records to be accessible to health care staff via the internet. SystemOne offers a variety of functionality including appointments, document management and reports for commissioning and monitoring. The SystemOne Latent TB Screening template was developed by colleagues at Hounslow CCG in collaboration with PHE. A template guide is currently being developed will be available soon. Please check the PHE LTBI guidance web-pages for updates.

## How to install the SystemOne LTBI template

Similar to the EMIS Web template, this LTBI template is designed to be embedded into the GP clinical systems and to be used alongside other existing templates. CCGs can assist with the installation of the template.

The SystemOne LTBI Screening template is not available system wide. It needs to be installed manually at each GP practice. The template can only be loaded by someone with system administrator rights. However it only needs installing once.

1. Email [tbscreening@phe.gov.uk](mailto:tbscreening@phe.gov.uk) to request the SystemOne LTBI templates.
2. PHE will send you two **xml** files which look like below.



3. Save both files on to your computer.
4. Open SystemOne, ensuring that you are logged in as a user with **Template Manager Access** rights.
  - a. Click on "**Setup**" then click on -> "**Data Entry**" ->
  - a. Select "**New Template Maintenance**" menu
5. Choose an appropriate subfolder in your template tree.
6. On the Menu bar choose the "**Import Templates**" button.
7. Browse to the location where you saved the attachment in step 1 and choose "**Open**".

8. Your new template '**Latent TB screening**' should appear in the tree.
9. Go into "**Unpublished templates**" at the bottom of your tree.
10. Find the imported template, right click on it and choose "**Publish**" and locally publish the template ready for use.
11. Please contact your local CCG local CCG SystmOne service provider if you are unable to upload the template using these instructions.

## Entering data into the template

The SystmOne LTBI template consists of four tabs:

- demographics and administration
- pre-test symptom screen and requests
- result/Counselling and referral
- treatment

### Demographic and administration

This page collects information on country of birth, ethnicity, date of entry into the UK and risk factors for TB, as shown below:

- country of birth
  - Options on the list are not limited to countries with a TB incidence of 150/100,000. Please check the eligible countries of birth in Appendix A
  - The template allows for multiple entries for persons who may have lived in a high TB incidence country for more than six months in the past five years
- ethnicity
  - The options that appear here correspond to codes collected as part of QOF indicators
- risk factors
  - Includes drug and alcohol misuse, smoking, housing, and prison. Some of these variables also correspond to QOF indicators
  - Existing entries for risk factors ie alcohol misuse will automatically populate here once the template is uploaded and published

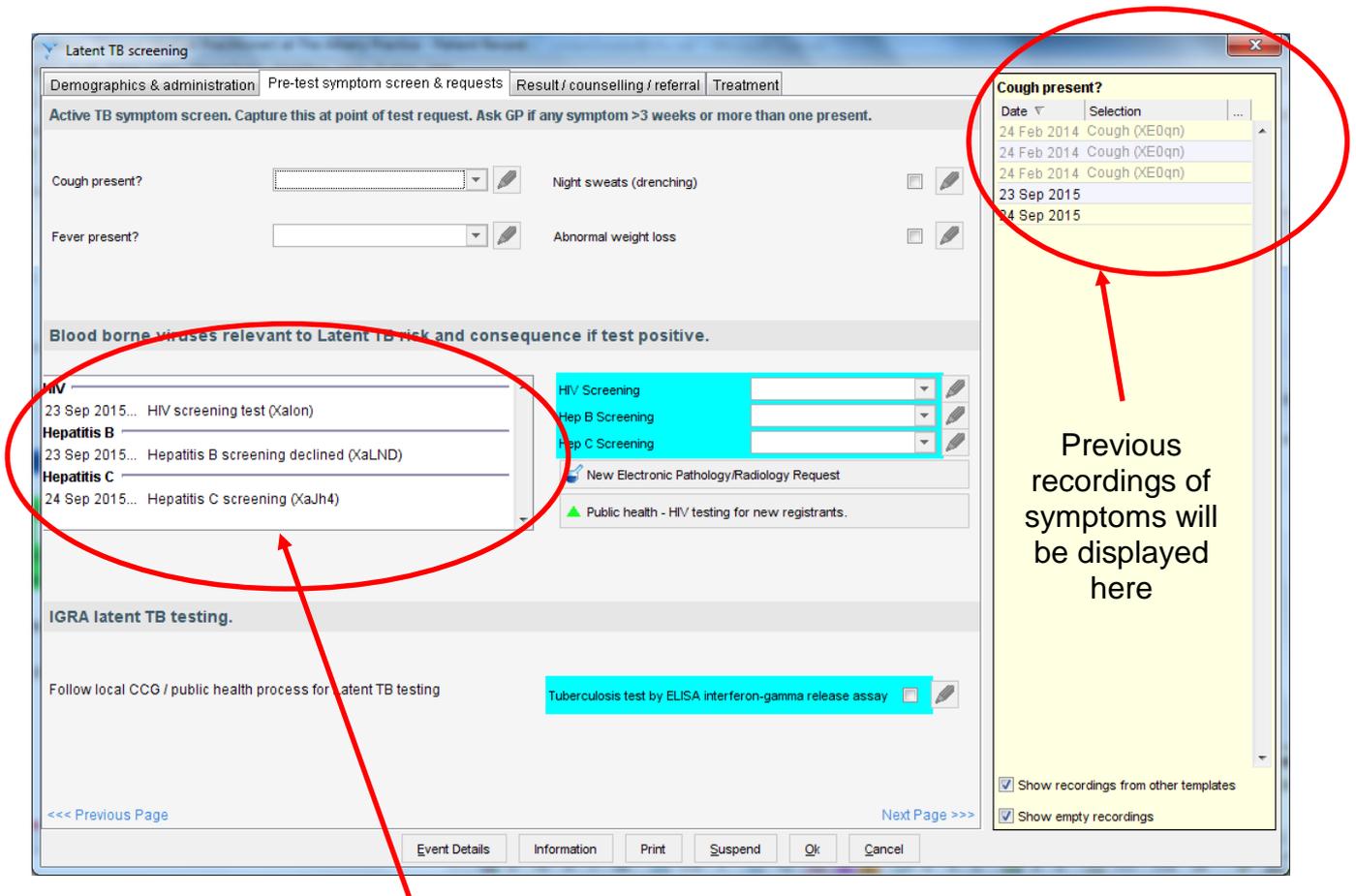
Click here to view recordings from other templates

To view recordings from other templates, check the box 'See **recordings from other templates**' at the bottom of the page.

## Pre-test symptom screen and requests

Information collected includes:

- symptoms
  - The national LTBI guidelines indicate patients being screened for TB should be asked brief questions on symptoms to rule out active disease. The template collects information on
    - Cough
    - Fever
    - Night sweats
    - Abnormal weight loss
  - If any previous recording of symptoms exists in EMIS it will show up on the right hand side of the template
- tests relevant to TB risk
  - This includes tests for co-infections such as Hepatitis B and Hepatitis C, and HIV
  - The template collects information on whether a test was offered, done or declined
  - Results of tests cannot be viewed in this template



Laboratory tests results are not displayed in the template. To view these please go to the relevant templates

## Result, counselling and referral

Information collected includes:

- IGRA results
  - Enter all IGRA results in this page including whether or not a GP counselling has been performed
  - If the result is positive please enter a diagnosis of Inactive tuberculosis in the template
- chest X-ray (CXR)
  - Select the appropriate CRX result code
  - A chest-x-ray should be performed on patients with a positive result to rule out active TB disease

Latent TB screening

Demographics & administration | Pre-test symptom screen & requests | **Result / counselling / referral** | Treatment

**Latent TB screening result**

IGRA result

If result positive, counsel patient, code latent TB as inactive, examine further, arrange CXR to exclude active TB, and arrange further bloods to prepare for treatment.

Investigation result counselling

Inactive tuberculosis

**Further examination required if positive**

Lymphadenopathy?

OE - chest examination normal

OE: BCG scar present

**Further tests to exclude active TB / prepare for treatment.** - Areas will vary whether requested by GP or hospital.

HIV

23 Sep 2015... HIV screening test (Xalon)

Hepatitis B

23 Sep 2015... Hepatitis B screening declined (XaLND...)

Hepatitis C

24 Sep 2015... Hepatitis C screening (XaJh4)

Separately code CXR results with codes below.

Tuberculosis screening chest X-ray normal

CXR abnormal (use if abnormality related to TB)

CXR abnormal (use if abnormal but not TB)

New Electronic Pathology/Radiology Request

Refer urgently if active TB, or for treatment unless locally agreed model is in primary care.

Referral to respiratory team

Referral Wizard

<<< Previous Page

Next Page >>>

Event Details | Information | Print | Suspend | Ok | Cancel

**IGRA result**

Date	Selection
23 Sep 2015	
24 Sep 2015	

Previous recordings of IGRA tests will be displayed here

Show recordings from other templates

Show empty recordings

Click here to open the referral wizard

## Treatment

This collects information on the below:

- treatment initiation
  - Treatment start date and end dates are not collected in this template. This because the template was designed for screening and testing only
  - If you receive information on medications prescribed to patient, please update the patient records in the appropriate template
  - Please indicate if a patient develops an adverse reaction to any of the recommended treatment regimens. This information is available from the secondary TB service which is conducting the follow up visits

Latent TB screening

Demographics & administration | Pre-test symptom screen & requests | Result / counselling / referral | Treatment

Even if usually treated in community consider secondary care referral for treatment if,

- Hepatitis B
- Hepatitis C
- Heavy alcohol use
- Malnutrition or albumin below 25
- Cirrhosis or any other chronic liver disease
- Pregnancy
- Immunosuppression

Referral to respiratory team

Referral Wizard

If abnormal results repeat after 2 weeks if still abnormal discuss with secondary care.

Weight 100 Kg

GP to issue 3x one month prescriptions, dated one month apart, of:

Rifinah 150mg 3 tablets od if less than 50 kg  
Rifinah 300mg 2 tablets od if more than 50kg  
Pyridoxine 25mg 1 tablet od

New Acute

Informed consent given for treatment

Adverse reaction to isoniazid

Adverse reaction to rifampicin

Referral to respiratory team

Date	Selection
23 Sep 2015	
24 Sep 2015	

Show recordings from other templates

Show empty recordings

<<< Previous Page

Event Details | Information | Print | Suspend | Ok | Cancel

If a patient has an adverse reaction to Rofnah (combination of Rifampicin and Isoniazid) please **select both** boxes for isoniazid and rifampicin

# Users without EMIS Web or SystemOne access

PHE is currently developing a web-based data entry tool which will be used for both testing and treating new migrant populations. This tool will also be available to GPs that are not using EMIS Web or SystemOne clinical systems. This new web-form system will be available soon. In the interim, a temporary web-based tool has been developed by PHE for immediate use. Data submitted through this form is secure. Secondary care providers do not have to send PHE additional file submissions (unless requested).

## Temporary web-form

This temporary form was developed by PHE using a web-based application.

1. To access to the web-form simply click on the link provided below.
  - a. <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=latentTBscreening>
  - b. Save the URL on to your favourites or a place where you can access it easily
2. User logins and passwords are not required. Anyone who has access to the link can enter data on patients.
3. Only one entry at a time can be made.
4. The form has five main tabs:
  - a. Patient Information
  - b. Primary care latent TB health check
  - c. IGRA test result
  - d. Positive IGRA work up
  - e. LTBI treatment
5. The form questions include:
  - a. Single select drop downs
  - b. Multiple choice checkboxes
  - c. Open ended entry ( or comment sections)
6. All required values are denoted with an astrix (\*).

## Entering data into the web-form

Please make sure you have all relevant information before starting the data entry process. All required fields on the first page will need to be populated before you can move on to the next pages. You can navigate back and forth either using the tabs or the navigation buttons at the bottom of the page. Only one record at a time can be entered.

This form should only be used for new migrants who meet the screening eligibility criteria. You will only have to complete relevant information. All entered information comes to PHE automatically. No data extraction function is required.

### Patient Information

- Required information includes:
  - NHS number
  - Patient name
  - Date of birth
  - Gender
  - Year of entry to UK

PHE will use this information to merge with patient records received by GPs.

Click on the tabs to navigate between tabs or the navigation buttons provided below.

Public Health England

Latent TB Testing and Treatment

Patient information | Primary Care Latent TB Health Check | IGRA test result | Positive IGRA work-up | LTBI

Page 1 of 5

**Patient information**

1. GP practice national code OR GP practice name

2. Patient's NHS number (no spaces)\*

3. Patient's name\*

    surname

    forename

4. Date of Birth\*

5. Gender\*

    Female

6. Patient's post code

    PI6 5TE

7. Eligible Country of Birth

    Guinea

8. Year of entry to the UK The value must be between 2009 and 2015, inclusive.

    2009

9. Is the patient present for screening or treatment?

Treatment

Screening

Next

Only if GP practice is entering information

**Treatment** Please check here if the patient has been referred to you for treatment only.

## Primary care latent TB health check

This tab collects information on testing invitation, co-morbidities and/or risk factors. Enter all relevant information thoroughly.

If you are performing a symptom assessment check all fields that apply.

Page 2 of 5

**Primary Care Latent TB Health Check**  
To be performed by a practice Nurse or GP. If patient has symptoms suggestive of TB refer to local TB clinic.

10. IGRA test invitation accepted or declined?

11. Date IGRA test accepted or declined

12. Does the patient have any of the following co-morbidities?  
Please select all that apply

- immunosuppreany other existing chest condition (COPD, Asthma)
- blood-borne illness
- chronic liver disease
- chronic renal disease
- current smoker
- diabetes
- immunosuppressive therapy
- immunosuppression from any disease
- Other, please specify

13. Does the patient have any history or present experience with relevant social risk factors?  
Please select all that apply

- Homelessness
- Drug misuse
- Alcohol misuse
- Prison
- Other, please specify

14. Has the patient had a BCG vaccination?  
 Yes  No

15. Perform symptom check to rule out active TB (if patient has any symptom suggestive of TB, refer to local TB clinic)

16. Cough present  
 Yes  No

17. Fever Present  
 Yes  No

18. Drenching night sweats  
 Yes  No

19. Unexplained Weight Loss  
 Yes  No

20. Swollen neck glands present  
 Yes  No

If response is 'Yes' additional questions on symptoms will appear. Please check all that apply

### Latent TB Testing and Treatment

<b>Patient information</b>	<b>Primary Care Latent TB Health Check</b>	<b>IGRA test result</b>	<b>Positive IGRA work-up</b>	<b>LTBI</b>
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Page 3 of 5

#### IGRA test result

21. Type of IGRA test used

22. IGRA test result  
If IGRA test inconclusive, re-test.

23. Date patient was informed of IGRA test result  
 

24. Date patient with positive IGRA was referred to local TB clinic  
 

### IGRA test results

IGRA tests results will have to be entered manually. Results may have been performed by the GP. Please ask the patient for their referral letter or follow up on results with the GP. Do not repeat IGRA results.

For all other work-up blood tests, please enter all tests performed by your clinic.

Patient information | Primary Care Latent TB Health Check | IGRA test result | **Positive IGRA work-up** | LTBI treatment

Page 4 of 5

**Positive IGRA work-up**  
These tests are to be done after the the patient has a positive IGRA result, and should be entered where information is available.

25. Chest X-Ray Result  
Chest X-Ray Abnormal-TB related

26. Work-up blood tests done?  
Yes

27. Plasma C Reactive Protein  
Test Result  
-- None --

28. Serum total bilirubin level  
Test result  
-- None --

29. ALT/ SGPT serum level  
Test result  
-- None --

30. HIV test done?  
 Yes  No

31. HIV status  
-- None --

32. Hepatitis B status  
-- None --

33. Hepatitis C status  
-- None --

Back Next

If response is 'Yes' these additional questions will appear

## LTBI treatment

There are two questions relating to treatment initiation. Please enter responses for both:

- what regimen was prescribed?
- was treatment started?

Patient information | Primary Care Latent TB Health Check | IGRA test result | Positive IGRA work-up | **LTBI treatment**

Page 5 of 5

### LTBI treatment

34. TB Prophylaxis regimen prescribed  
6 months of Rifampicin ▼

35. TB Prophylaxis started  
LTBI treatment commenced ▼

36. Date TB Prophylaxis Started  
 

37. TB Prophylaxis completed  
-- None -- ▼

38. Date Prophylaxis completed  
 

If LTBI treatment is started these additional questions will appear below

# Data submission

## Required data returns

Timely data submission is a contractual requirement within the LTBI testing and treatment programme. Data is also essential for monitoring and evaluation of the programme and will form part of the information requirements for implementation of the TB Strategy. The LTBI minimum data set has 48 variables including personally identifiable data (PIDs). Please see appendix B for the full list.

## Data extraction queries

The data extraction report queries will help CCGs and their clinical support centres to extract data from the back end of EMIS Web and SystemOne. The reports have been prepared by colleagues at the CEG Blizzard Institute and CWHHE Collaborative is the working partnership between Central London, West London, Hammersmith and Fulham, and Hounslow and Ealing clinical commissioning groups.

These queries should be used to extract data from the backend of the GPs' systems.

Please send a request to [tbscreening@phe.gov.uk](mailto:tbscreening@phe.gov.uk) to get a copy of **EMIS and SystemOne** report queries.

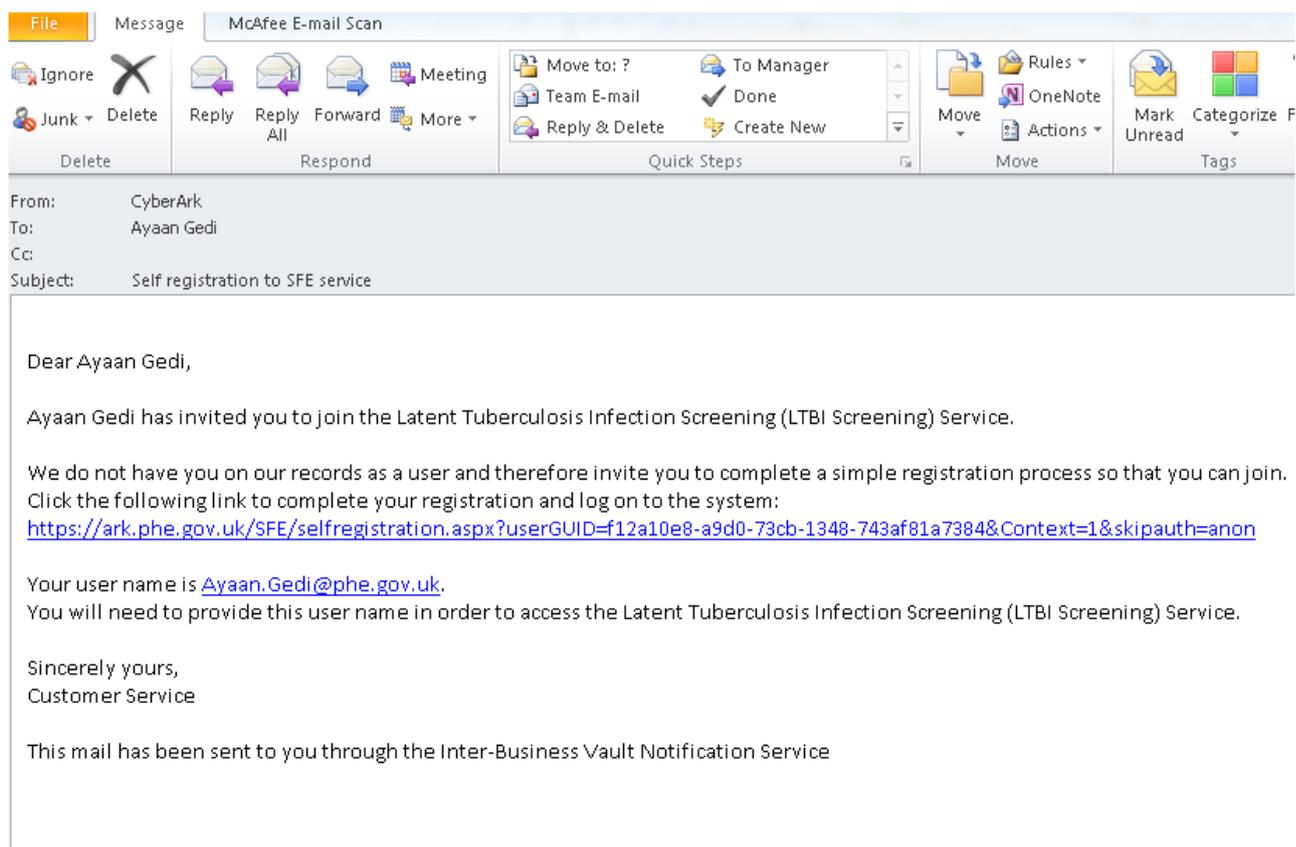
## How to submit data to PHE using CyberArk®

Data for the LTBI programme should be submitted securely to PHE using CyberArk® which is a document exchange system that allows for the transfer of data between organisations. The Secure File Exchange (SFE) end user web access interface of this system enables end-users to transfer new files to PHE. All persons responsible for submitting data to PHE will receive an email invitation from CyberArk® to self-register and create a user login and password.

If you need to submit data to PHE and have not yet received an email invitation from CyberArk®, please contact [tbscreening@phe.gov](mailto:tbscreening@phe.gov).

## Registering with CyberArk®

1. You will receive an email invitation from CyberArk asking you to register.
2. Click on the link provided within the email.
3. Your username will be the email details you provided PHE. It will be displayed in the email message. You will need to provide this user name to access the latent tuberculosis infection screening (LTBI screening) service.
4. Please do not wait more than 1 day to respond to the invitation as it is set to expire after 2 days.



5. The secure file exchange (SFE) registration page will open.
6. Enter your '**User name**'.
7. Enter your '**New password**'. Must contain 6 mix use characters ie Test123.
8. **Confirm** your password.
9. Click '**Register**' to complete the process.

Public Health England

## SECURE FILE EXCHANGE

Welcome Ayaan Gedi,

This page enables you to register for the SFE. Specify a new password to create your own secure user credentials and access your SFE user account.

Username:

New Password:

Confirmation:

POWERED BY  
CyberArk

Your user name will automatically populate

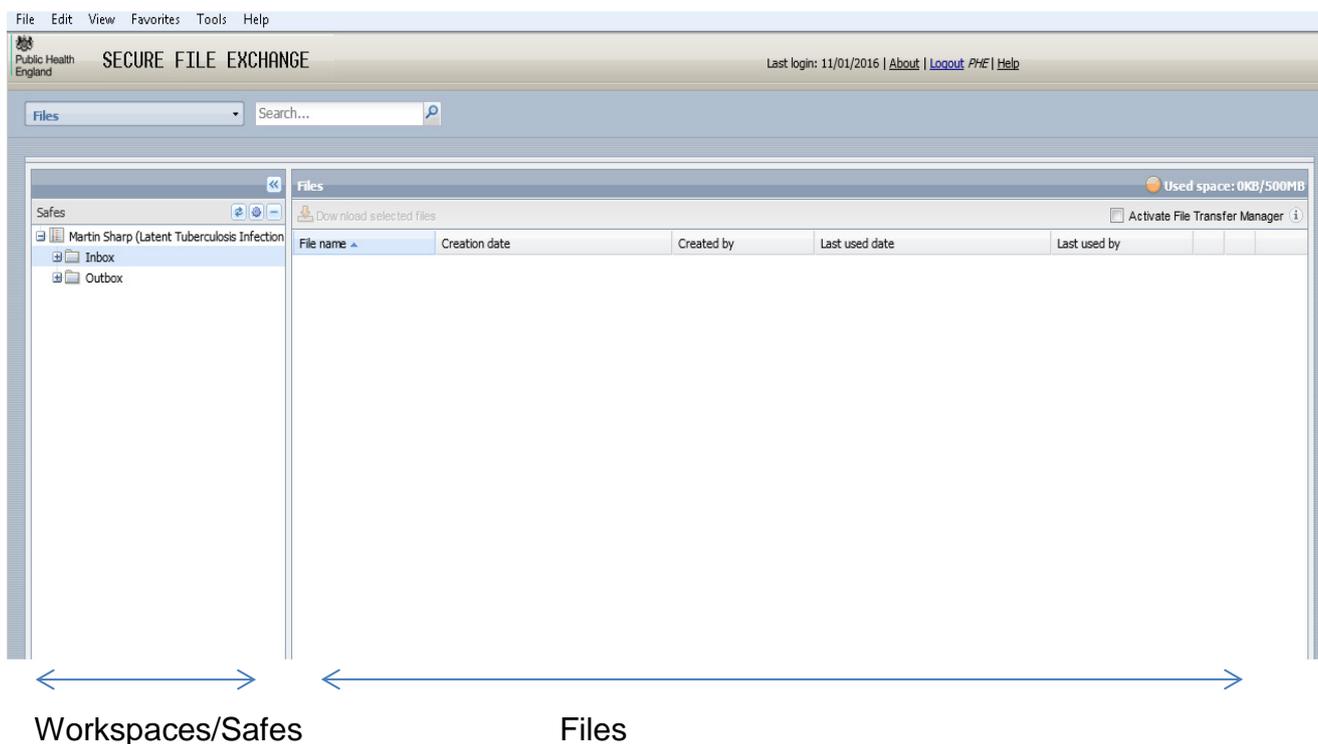
EN

## Sending data files using CyberArk®

The main SFE page is divided into two sections:

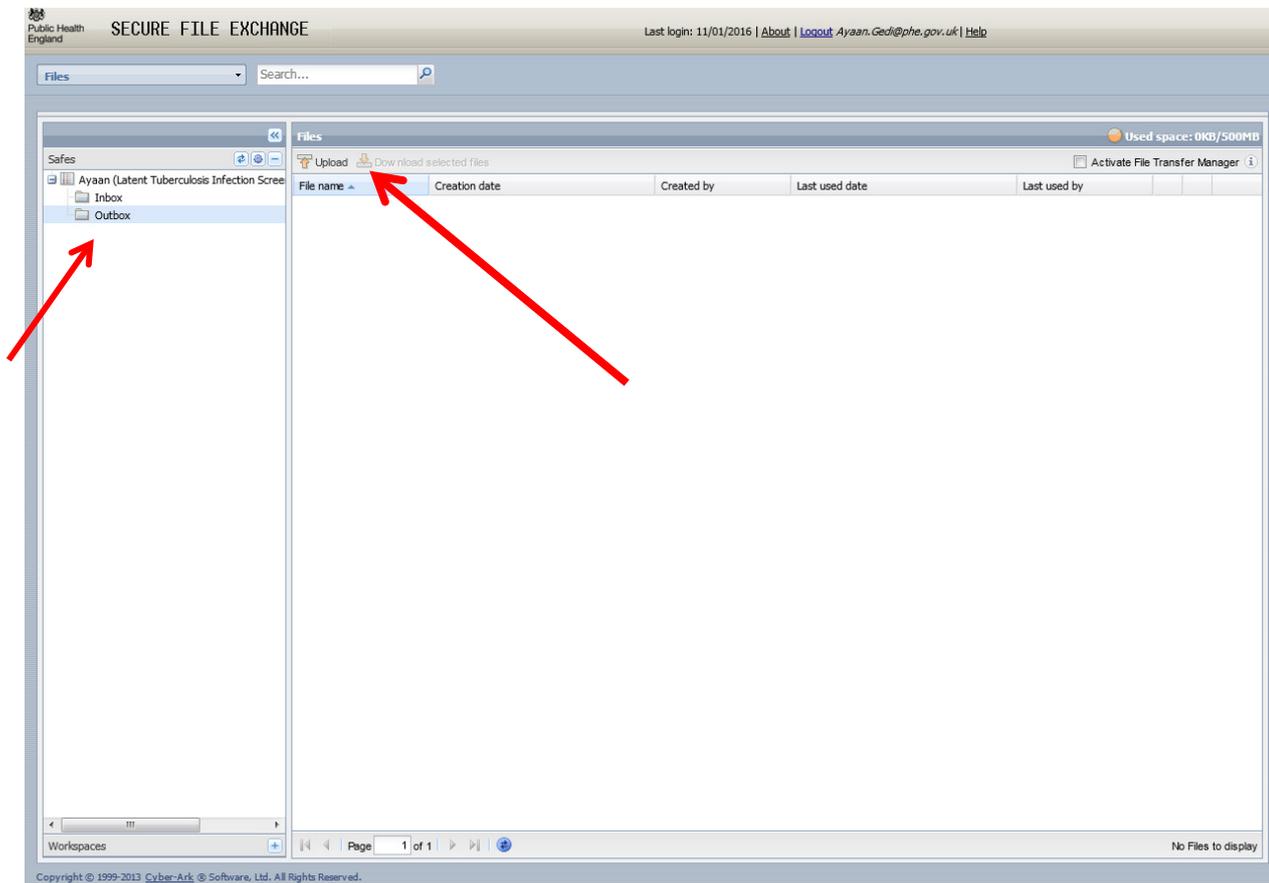
- the Workspaces/Safes, which displays the folders you have access to
- the Files grid, which displays the files you can access and a summary of details for each file. Depending on your SFE configuration, you will be able to see either or both panels

You will only be able to see your own files.

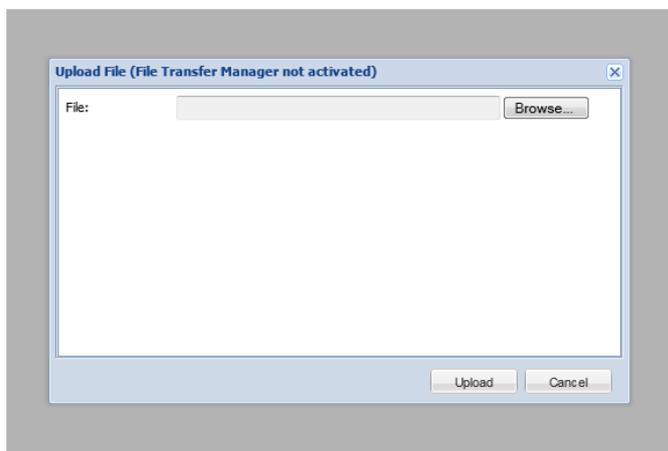


## To upload a file

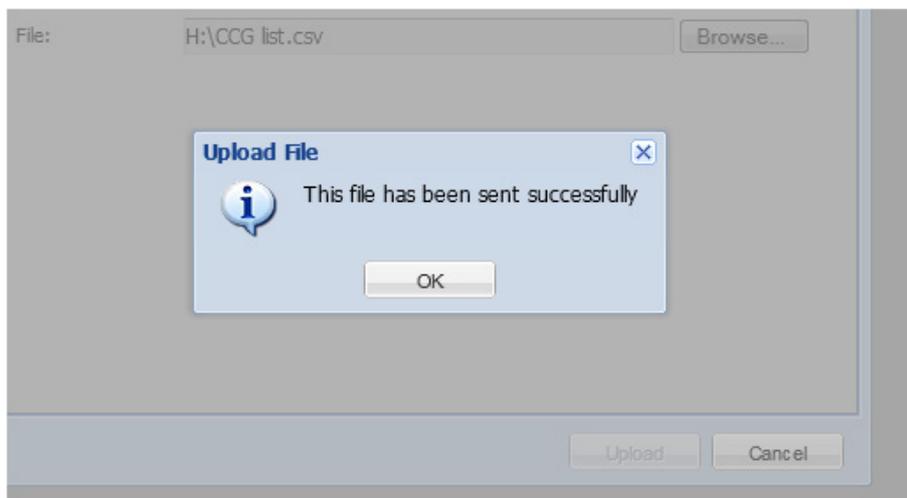
1. Go to your Workspaces panel.
2. Click on **'Outbox'**.
3. Click on **Upload**.



4. Browse for your file then click **'Upload'** to complete the process.



5. Please make sure all files are saved in Comma Separated Values (csv) format.
6. Files should be named according to the following convention:  
LTBI\_LLLLLL\_PN\_YYYY.csv where:
  - LTBI is fixed
  - LLLLLL is a CSU code (to be agreed with LTBI team)
  - PN is the reporting period P1, P2
  - YYYY is the reporting year (eg 2015)
  - The filename is not case sensitive
7. The screen below should appear once your files are sent.



## Appendix A: List of eligible countries

<b>Appendix A: Countries of origin eligible for LTBI testing and treatment</b>			
<b>(Estimated TB incidence rate <math>\geq 150</math> per 100,000 population in 2013 or Sub-Saharan Africa) (6)</b>			
<b>Country</b>	<b>Incidence</b>	<b>Country</b>	<b>Incidence</b>
Afghanistan	189	Liberia	308
Angola	320	Madagascar	233
Bangladesh	224	Malawi	156
Benin	70	Mali	60
Bhutan	169	Marshall Islands	354
Botswana	414	Mauritania	115
Burkina Faso	54	Mauritius	21
Burundi	128	Micronesia	188
Cote d'Ivoire	170	Mongolia	181
Cabo Verde	143	Mozambique	552
Cambodia	400	Myanmar	373
Cameroon	235	Namibia	651
Central African Republic	359	Nepal	156
Chad	151	Niger	102
Comoros	34	Nigeria	338
Congo	382	Pakistan	275
DRP Korea	429	Papua New Guinea	347
DR Congo	326	Philippines	292
Djibouti	619	Republic of Moldova	159
Equatorial Guinea	144	Rwanda	69
Eritrea	92	Sao Tome and Principe	91
Ethiopia	224	Senegal	136
Gabon	423	Seychelles	30
Gambia	173	Sierra Leone	313
Ghana	66	Somalia	285
Greenland	194	South Africa	860
Guinea	177	South Sudan	146
Guinea-Bissau	387	Swaziland	1382
Haiti	206	Timor-Leste	498
India	171	Togo	73
Indonesia	183	Tuvalu	228
Kenya	268	Uganda	166
Kiribati	497	Tanzania	164
Laos PDR	197	Zambia	410
Lesotho	916	Zimbabwe	552

## Appendix B: LTBI variable list

ID	variable name	Format or output
1	GP practice national code	Alpha-numeric
2	Patient's NHS number	Alpha numeric
3	Patient's surname	Text
4	Patient's forename	Text
5	Gender	Male/ Female
6	Full Postcode	Alpha-numeric
7	Date of Birth	mm/yyyy
8	Country of birth	Code description and Read code term
9	Ethnicity	Code description and Read code term
10	Date of entry to UK	dd/mm/yyyy
11	IGRA test- 1st invitation	Code description, Read code term and date
12	IGRA test- 2nd invitation	Code description, Read code term and date
13	IGRA test- 3rd invitation	Code description, Read code term and date
14	IGRA test declined	Code description, Read code term and date
15	IGRA test result +ve	Code description, Read code term and date
16	IGRA test result -ve	Code description, Read code term and date
17	Positive IGRA counselling consultation	Code description, Read code term and date
18	Positive IGRA referral to respiratory specialist nurse	Code description and Read code term
19	TB chemotherapy regimen prescribed	
20		3 months of Isoniazid and Rifinah
21		6 months Isoniazid
22	TB chemotherapy started	Code description, Read code term and date
23	TB chemotherapy refused by patient	Code description , Read code term & date
24	TB chemotherapy completed	Code description , Read code term & date
25	Adverse reaction to LTBI treatment	Code description , Read code term , date & associated freetext describing reaction
26	Date chemotherapy completed	Code description , Read code term & date
27	Adverse reaction to rifinah	Code description , Read code term , date & associated freetext describing reaction
28	Adverse reaction to isoniazid	Code description , Read code term , date & associated freetext describing reaction

29	Side effects specifics	Prescribing module and associated text as above
30	BCG Vaccination	Code description and Read code term
31	cough present	Latest Code description and Read code terms
32	fever present	Latest Code description and Read code terms
33	drenching night sweats	Code description and Read code terms
34	abnormal weight loss	Code description and Read code terms
35	positive examination of lymphadenopathy	Latest code description and Read code terms
36	Plasma C reactive protein	Code description , Read code term , date & value
37	Serum total bilirubin level	Code description , Read code term , date & value
38	ALT/SGPT serum level	Code description , Read code term , date & value
39	HIV status	Latest code description,Read code term & date
40	Hep B status	Latest code description,Read code term & date
41	Hep C status	Latest code description,Read code term & date
42	Erythrocyte sedimentation rate	Code description, Read code term, value & date
43	TB Chest X ray	Latest code description, Read code term, date & associated text
44	immunosuppression (disease or medication)	Latest code description,Read code term & date
45	Diabetes	Latest code description,Read code term & date
46	Any chest damage	Latest code description,Read code term & date
47	Any liver disease	Latest code description,Read code term & date
48	current smoker	Latest code description,Read code term & date

# Frequently asked questions about the templates

## **Do the two GP templates look exactly the same?**

No. The two templates were designed by two different clinical systems (EMIS Web and SystemOne). However the templates should look familiar to GP staff which use those systems.

## **EMIS Web template collects more variables than SystemOne. Why is that?**

The EMIS Web template was developed in collaboration with Newham CCG and was a pilot for the national programme. The pilot used a primary care model where LTBI treatment is initiated and monitored.

## **Are GPs expected to collect on all the variables in the templates?**

We expect GPs to complete all relevant information collected on eligible patients who are being tested for LTBI.

## **Can the templates be customised or tweaked by the CCGs?**

Changes to templates should be limited to names and logos. Changes should not be made to the data variables being collected. GPs should contact their local CCG system support team to discuss how to customise their templates.

## **Do the templates collect all the data needed for national reporting?**

You do not need to enter all of the variables in the LTBI data set via the LTBI templates. Some of the information required for national reporting, ie name and date of birth, is already available in the patient medical and will be extracted from the back end. For instance, demographic information such as name and date of birth is recorded in the patient record but is not on the LTBI templates.

## **Are the data extraction queries for EMIS Web and SystemOne the same?**

Yes. The data extraction query reports for both systems and collects the same variables. This means that all the data extracted from the back-end of both systems is the same. As such national reporting will be uniform across the country.