

Interjurisdictional Tuberculosis (TB) Notification - National Tuberculosis Controllers Association Recommendations

I. Purpose:

The movement of TB patients from one jurisdiction to another is a unique challenge to public health providers and requires that health departments share information promptly in order to maximize the likelihood of continuity of care. To understand the scope and causes of lack of continuity, it is also incumbent on health departments to take responsibility for analyzing outcomes of TB patients that move. The Interjurisdictional TB Notification system will facilitate and standardize interstate communication to enhance continuity and completeness of care. It should also improve outcome evaluation of verified cases. These forms should replace other interstate notification forms currently in use. States may choose to use other forms for internal (intrastate) notification.

In most instances, TB notifications will be exchanged between state health departments. However, in some states these notifications may be best sent directly to local jurisdictions. For guidance on how to proceed with individual states, contact the state level Interjurisdictional Contact as indicated in the NTCA directory.

II. Definitions:

A. Referring jurisdiction: The jurisdiction that initiates the interjurisdictional notification. For most Class 3 and Class 5 referrals, the referring jurisdiction will be the same as the reporting jurisdiction.

B. Reporting jurisdiction: The jurisdiction that reports a Class 3 patient to the Centers for Disease Control and Prevention (CDC) and, therefore, counts the case in their jurisdiction.

C. Receiving jurisdiction: The jurisdiction that receives the interjurisdictional notification.

D. Class 2: Latent TB infection, no evidence of current disease

E. Class 3: Verified active TB disease; in the US these would be cases that meet the CDC verification definition.

F. Class 5: A suspected case of active TB disease.

G. RVCT: The Report of Verified Case of TB is the national form used to report verified cases to the CDC.

H. F/U 2: The Follow-up 2 is the national form used to report outcomes of verified cases to the CDC.

III. Forms:

A. Interjurisdictional TB Notification: Provides a standard array of information to be transmitted to new jurisdictions for Class 3 and 5 patients, contacts, and persons with latent TB infection (LTBI), and source case findings.

B. Interjurisdictional TB Notification Follow-up: Provides a standard array of follow-up information to be transmitted back to referring jurisdictions.

IV. When to send an Interjurisdictional TB Notification:

Notifications should be sent by all jurisdictions for Class 3 and 5 cases. Notification is optional for contacts, LTBI convertors, LTBI reactors, and source case findings. In addition, notifications should not be sent for contacts, LTBI convertors, LTBI reactors, and source case findings unless reasonable locating information is available, usually consisting of at least a street address or phone number.

A. Class 3 and 5 Patients: An Interjurisdictional TB Notification should always be initiated when a Class 3 or 5 patient will be moving out of the area for 30 days or more. Notification may be initiated for patients with shorter planned stays or less than 30 days of treatment remaining at the time of their move, at the discretion of the referring jurisdiction. For example, if a patient must continue DOT after they move, a notification should be initiated.

B. Contacts: For close contacts to AFB smear positive or smear negative Class 3 pulmonary cases. If there are multiple contact to the same case, they should have individual notifications sent.

C. LTBI Convertors: For documented convertors who have initiated treatment and who will be moving out of the area for 30 days or more. The results and dates of the last negative skin test and the first positive skin test must be entered into the Contact/LTBI section to provide information on when the skin test conversion occurred.

D. LTBI Reactors: For Class 2 and 4 patients who have initiated treatment and who will be moving out of the area for 30 days or more. For Class 2 patients, include specific risk factors for disease progression to assist receiving jurisdictions prioritize follow-up.

E. Source Case Finding: For investigation of close associates to a Class 3 index case when that index case has a clinical presentation consistent with recently acquired disease (e.g. children who are ≤ 3 years of age). Notifications should not routinely be sent to perform source case finding for a child with LTBI.

V. Instructions for Interjurisdictional TB Notification form:

Indicate when key information is unknown or pending, do not just leave blank.

A. Referring Jurisdiction Information: Complete all information to provide specific contact information for the receiving jurisdiction.

B. Referral Category: Specify the type of patient referral. For verified cases, supply the RVCT number and State that reported to the CDC. This will allow the receiving jurisdiction to ensure the F/U 2 is sent to the reporting jurisdiction. Attach the RVCT form whenever possible. For classified immigrants attach pertinent overseas forms when available.

C. Patient Information: Complete all information. If some elements are unknown, indicate this in the space provided. The *Emergency Contact* should be a relative or associate who is likely to have locating information about the referred patient.

D. Clinical Information: When some or all of the laboratory information is pending at the time of referral, the referring jurisdiction should indicate this and update the information when available. To ensure rapid transfer of information, updates should be accomplished by faxing an updated Notification form or by calling the receiving jurisdiction. The TST information in this section should be used for cases/suspects only. Attach copies of laboratory and X-ray information whenever possible. The *Other* section should include additional types of tests including CT scans, NAAT tests – attach copies of the reports whenever possible.

E. Contact/LTBI Information: This section should be used for contacts, convertors, and reactors. The TB skin test #1 and #2 should be completed for all converter referrals and for other referrals when appropriate. For contact referrals, exposure information should be completed to enhance appropriate investigation by the receiving jurisdiction.

F. Medications: Complete as indicated. Supply adherence information that may be of importance to the receiving jurisdiction for appropriate patient management.

G. Follow-up: All Class 3 and 5 referrals require an Interjurisdictional TB Notification Follow-up to be sent by the receiving jurisdiction. For other referral categories, the referring area should indicate if the Follow-up form is requested. Note that the ultimate decision to provide follow-up for contacts, convertors, and reactors is at the discretion of the receiving jurisdiction.

VI. When to send the Interjurisdictional TB Notification Follow-up:

A. 30-day status: At 30 days after notification was received, a status report should be sent to the referring jurisdiction. In instances when the patient is not located within 30 days,

“lost” will be considered to represent the final disposition. If the patient is subsequently located, an update should be sent to the referring jurisdiction using the Follow-up form.

Some jurisdictions may not perform follow-up on contact, LTBI, or source case finding referrals. In these cases, the final status of “no follow-up performed” should be indicated. Follow-up should be performed and sent to referring jurisdictions for all Class 3 patients.

B. Interim status: May send if an interim update in status is appropriate.

C. Final status: When a final status is known.

VII. Instructions for Interjurisdictional TB Follow-up form:

A. Date Notification Received: Receiving jurisdiction should indicate the date the Interjurisdictional Referral was received.

B. Status:

30 days: At 30 days after notification was received, a status report should be sent to the referring jurisdiction. In instances when the patient is not located within 30 days, “lost” will be considered to represent the final disposition. If the patient is subsequently located, an update should be sent to the referring jurisdiction using the Follow-up form.

Interim: Should use whenever updated information needs to be sent to the referring jurisdiction.

Final: To be used at the time a final status is known.

C. Return follow-up form to: The receiving jurisdiction should complete this information using the contact information provided on the original Interjurisdictional Referral form (or may use the Interjurisdictional Contact information from the NTCA Directory).

D. Patient information: Complete as indicated.

E. Case: Final outcome in the receiving jurisdiction will be indicated. The F/U 2 should be sent to the reporting jurisdiction. The original reporting area will be responsible for getting F/U 2 results to the CDC.

F. Suspect: The receiving jurisdiction will indicate whether the Class 5 case was verified, and if so, the method of verification. In some cases, the referring jurisdiction may still be the appropriate jurisdiction to report the case. If so, the receiving jurisdiction should also provide a final follow-up status and F/U 2 to the reporting jurisdiction (see *Case* above). This section can also be used to provide follow-up information for individuals investigated as part of a source case finding.

G. Contact: Some jurisdictions may not provide follow-up on all contact referrals and should indicate, “No follow-up performed” on the 30-day status report. If follow-up is performed, indicate the final outcome. Whenever possible, the receiving jurisdiction should attach contact follow-up information including screening dates and results, as well as treatment dates and outcome. This will assist the referring area in completing contact information required by the CDC.

H. LTBI: Some jurisdictions may not provide follow-up on all LTBI referrals and should indicate, “No follow-up performed” on the 30-day status report. If follow-up is performed and the patient is located, indicate the outcome. This section can also be used to provide follow-up information for convertors.