

National Tuberculosis Controllers Association

Interjurisdictional Tuberculosis (TB) Notification Instructions

Purpose: The Interjurisdictional TB Notification system will facilitate and standardize interstate communication in order to enhance continuity and completeness of care. It will also improve outcome evaluation of verified cases.

Definitions:

Sending jurisdiction: The jurisdiction that initiates the interjurisdictional notification. For most case (Class 3) and suspect (Class 5) referrals the sending jurisdiction will be the same as the reporting jurisdiction.

Reporting jurisdiction: The jurisdiction that reported a Class 3 patient to the Centers for Disease Control.

Receiving jurisdiction: The jurisdiction that has received the interjurisdictional notification.

Forms:

Interjurisdictional TB Notification: Provides a standard array of information to be sent to new jurisdictions for active and suspect cases, contacts, and persons with LTBI.

Interjurisdictional TB Follow-up: Provides a standard array of follow-up information to be transmitted to sending jurisdictions.

When to initiate an Interjurisdictional TB Notification:

Verified Active and Suspect Cases: When Class 3 or 5 patients will be moving out of the area for 30 days or more.

Contacts: For close contacts to smear positive Class 3 and Class 5 pulmonary cases or to smear negative Class 3 pulmonary cases and highly suspect Class 5 pulmonary cases.

LTBI Convertors: For documented convertors who have initiated treatment and who will be moving out of the area for 30 days or more.

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.

Source Case Finding: For close associates to Class 3 index cases when the index case has a clinical presentation consistent with recently acquired disease (should primarily be used for associates to children 3 and younger).

When to send the Interjurisdictional TB Follow-up:

30-day status: At 30 days, a status report should be sent to the sending jurisdiction. In instances when the patient is not located within 30 days, this will be considered to represent the final disposition. If the patient is subsequently located, an update should be called to the sending jurisdiction.

Some jurisdictions may not provide follow-up on all referrals. In these cases, the final status of "no follow-up performed" should be indicated.

Final disposition: When a final status is known.

Instructions for Interjurisdictional TB Notification form:

Sending jurisdiction information: Complete all information to provide specific contact information for the receiving jurisdiction.

Referral category: Specify the type of patient referral. For verified cases, supply the RVCT number and State where reported. This will allow the receiving jurisdiction to ensure the F/U 2 is sent to the reporting jurisdiction. Attach the RVCT form whenever possible.

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.

Laboratory Information: When some or all of the laboratory information is pending at the time of referral, the sending jurisdiction should update the information when available. To ensure rapid transfer of information, this update 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.

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 convertor referrals and for other referrals when appropriate. For contact referrals, exposure information should be completed to enhance appropriate investigation by the receiving jurisdiction.

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

Follow-up: For referrals other than class 3 and 5, indicate if follow-up is requested. Note that the decision to provide follow-up for contacts, convertors, and reactors is at the discretion of the receiving jurisdiction.

Instructions for Interjurisdictional TB Follow-up form:

30-day status: See above

Return 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).

Patient information: Complete as indicated.

Case: Final outcome in the receiving jurisdiction will be indicated. The F/U 2 should be sent to the reporting jurisdiction.

Suspect: The receiving jurisdiction will indicate whether the Class 5 case was verified, and if so, the method of verification. In some cases, the sending 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.

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 outcome. If treatment is started or continued this should be indicated.

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 if treatment is started or continued. This section can also be used to provide follow-up information for convertors.