

## Interjurisdictional Tuberculosis (TB) Notification & Follow-up Forms

**General Instructions:** *These forms replace the current H-20. The purposes of these forms are to facilitate and standardize communication between health jurisdictions in order to enhance continuity and completeness of care. They will also improve outcome evaluation of verified (confirmed) cases. Initiate *Interjurisdictional TB Notification* form when referring suspects and cases, close contacts, converters, reactors (LTBI) and source case finding to other jurisdictions with exception of the Bi-National Notification Form for jurisdictions within Mexico. **Interjurisdictional TB Notification is initiated after the client is dispositioned on H513.***

### Forms:

- ***Interjurisdictional TB Notification:*** Provides a standard array of information to be sent to new jurisdictions for active and suspect cases, close contacts, converters, reactors (LTBI) and source case finding.
- ***Interjurisdictional TB Follow-up:*** Provides a standard array of follow-up information to be transmitted to the referring jurisdiction.

### Definitions:

- ***Referring (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
- ***Receiving jurisdiction:*** The jurisdiction that receives the interjurisdictional notification
- ***RVCT:*** The Report of Verified (Confirmed) Case of TB (The national form used to report verified (confirmed) cases to the CDC)

### When to send an Interjurisdictional TB Notification:

Notifications should not be sent unless locating information is available, at least a street address, phone number or emergency contact information.

- ***Verified (confirmed) 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. **Multiple contacts to the same case/suspect should have individual notifications sent or H289 maybe used for contacts out of jurisdiction.**
- ***Documented converters:*** For converters 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. Include specific risk factors for disease progression to assist the receiving jurisdictions in prioritizing follow-up.
- ***Source Case Finding:*** For close associates to Class 3 index case when the index case has a clinical presentation consistent with recently acquired disease (Should primarily be used for associates to children age 3 and younger).

### Instructions for Interjurisdictional TB Notification form:

**\*\* To expedite transfer of information of TB suspects and cases, the district will call and fax initial and updated Notification forms to the receiving jurisdiction.**

- **Referring (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 (Confirmed) cases, supply the RVCT number and State where reported. This will allow the receiving jurisdiction to ensure the F/U is sent to the reporting jurisdiction. **The designated TB Control Health Center Assistant Program Specialist or Senior Typist Clerk will provide RVCT number.**  
For A/B classified immigrants attach pertinent overseas medical documentation when available.
- **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.
- **Clinical/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 - **Mark updated on ITBN form.** To ensure rapid transfer of information, this update should be accomplished by calling and faxing updated Notification form to 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, converters, 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.
- **Medications:** Complete as indicated. Supply adherence information that may be of importance to the receiving jurisdiction for appropriate patient management. If TB medications have not been started, notate “not started” and give reason.
- **Comments:** Include any additional pertinent information, i.e., Chart #, occupation, physical description and etc.
- **Follow-up request:** For referrals other than class 3 and 5, indicate if follow-up is requested (It is at the discretion of the sending jurisdiction.) **Note that the decision to provide follow-up for contacts, converters, and reactors is at the discretion of the receiving jurisdiction.**

### **When to send the Interjurisdictional TB Follow-up**

- **30 days after notification was received,** a status report should be sent to the referring jurisdiction. Follow-up is to be sent to referring jurisdictions for all Class 3 & 5 patients. In instances when the patient is not located within 30 days, “lost” will be the final disposition. If the patient is subsequently located, an update should be sent to the referring jurisdiction.
- **Interim status** report may be sent if appropriate (whenever updated information needs to be sent to the referring jurisdiction).
- **Final status** must be sent to the referring jurisdiction for all Class 3 & 5 patients to close the case when a final status is known.

### **Instructions for Interjurisdictional TB Follow-up form:**

- **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 should be sent to the reporting jurisdiction.
- **Suspect/Source Case Finding:** The receiving jurisdiction will indicate whether the Class 5 case was verified (confirmed), and if so, the method of verification (confirmation). 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 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/Converters:** 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 converters.

**Instructions when Interjurisdictional TB Follow-up form is not sent by the receiving jurisdiction**

- **30 days/Final status (Class 3 & 5):** Allow an additional 10 days for the receiving jurisdiction to respond. If no response, contact the receiving jurisdiction for the status of the referral. Number of follow-up attempts by the district is based on the acuity table below.
- **For any receiving jurisdiction that does not respond per the schedule in the table below, report case information to TBC/H.C.APS for further action.**

**ACUITY TABLE**

Acuity	Factors	Follow-up	Further Action
<b>A</b>	<ul style="list-style-type: none"> <li>• Moved prior to medical evaluation, i.e., Alien Referral</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone and/or FAX to receiving jurisdiction 1 time</li> <li>• If patient located, 30 day status is the final disposition</li> </ul>	<ul style="list-style-type: none"> <li>• Consult with supervision</li> </ul>
<b>B</b>	<ul style="list-style-type: none"> <li>• Extrapulmonary disease, i.e., pleural, lymph nodes, bone, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone and/or FAX to receiving jurisdiction 3 attempts within a 2 week period</li> </ul>	<ul style="list-style-type: none"> <li>• Consult with supervision</li> </ul>
<b>C</b>	<ul style="list-style-type: none"> <li>• Minimal clinical symptoms, i.e., sputum smear (-), abnormal non-cavitary CXR</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone and/or FAX to receiving jurisdiction 3 attempts within a 2 week period</li> </ul>	<ul style="list-style-type: none"> <li>• Consult with supervision</li> </ul>
<b>D</b>	<ul style="list-style-type: none"> <li>• Extensive pulmonary disease, i.e., symptomatic, sputum smear (+), abnormal CXR (especially cavitary), poor clinical or bacteriologic response to therapy</li> <li>• HIV, immuno-compromised and other high risk medical conditions</li> <li>• Non-adherence to medical regimen</li> <li>• Known or suspected MDR TB</li> <li>• Disseminated disease</li> <li>• Child under 4 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone and/or FAX to receiving jurisdiction 3 attempts within a 2 week period</li> </ul>	<ul style="list-style-type: none"> <li>• Consult with supervision</li> </ul>

- **File copies of ITBN forms (initial & updated ITBN, follow-up) and FAX cover sheet in the miscellaneous section of the chart. Give the originals to the TBC/H.C. APS.**