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

Background: *Interjurisdictional TB Notification (ITBN)* forms are initiated when referring suspects, cases, close contacts, converters, Latent Tuberculosis Infection (LTBI) reactors, and source case finding (SCF) to other jurisdictions. The *ITBN* forms facilitate and standardize communication among health jurisdictions and evaluation of verified (confirmed) cases.

Interjurisdictional TB Notification Form (fill-able form and may save)**:** Provides standard information to be sent to new jurisdictions for suspect and active cases, close contacts, converters, LTBI reactors, and source case finding.

Interjurisdictional TB Notification Follow-up Form (fill-able form and may save)**:** Provides standard follow-up information to be transmitted to the referring jurisdiction.

Definitions:

- ***Referring (Sending) Jurisdiction*:** The jurisdiction that initiates the interjurisdictional notification. For most suspect (Class 5) and case (Class 3) referrals, the referring 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)

Instructions:

A. When to send the ITBN Form to other jurisdictions

- Notifications should not be sent unless locating information is available with at least a street address, phone number, or emergency contact information.
- ***Suspects and Verified (confirmed) Cases:*** When Class 5 or 3 patients will be moving out of the area for 30 days or more.
- ***Contacts:*** For close contacts to smear positive Class 5 and Class 3 pulmonary cases or to smear negative Class 3 pulmonary cases and highly suspicious pulmonary cases Class 5. **Multiple contacts to the same suspect/case should have individual notifications sent *or H289 may be 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 close associates to children age 3 and younger)
- ***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 Report of Verified Case of Tuberculosis (RVCT) number and State where reported. This will allow the receiving jurisdiction to ensure the F/U form is sent to the reporting jurisdiction. **The designated TB Control Program Health Center Assistant Program Specialist (TBCP H.C. APS), PHN or Senior Typist Clerk (STC) will provide the RVCT number if available.**

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- ***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 referring jurisdiction should update the information using the ITBN form when available – **Mark 'updated' on ITBN form**. To ensure rapid transfer of information, this update should be accomplished by calling and faxing the updated notification form to the receiving jurisdiction. The TST information in this section should be used for suspects/cases only.
- ***Contact/LTBI Information:*** This section should be used for contacts, converters, and LTBI 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 facilitate 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, e.g. Chart #, occupation, and physical description etc.
- ***Follow-up request:*** For referrals other than class 5 and 3, indicate if follow-up is requested. **Note that the decision to provide follow-up for contacts, converters, and LTBI reactors are at the discretion of the receiving jurisdiction.**

➢ **For A/B classified immigrants**: Attach pertinent overseas medical documentation when available.

➢ The **DPHN/designee** completes the 'initial' ITBN form and sends the form to the appropriate jurisdiction.
  - Sends the 'updated' ITBN form to the receiving jurisdictions, only if new patient information becomes available e.g. culture result (See **Clinical/Laboratory Information**)
  - Provides the original form to the TBCP H.C. APS, PHN) and places the copy and FAX coversheet or copy of the email sent to receiving jurisdiction in the miscellaneous section of the patient's chart.

➢ ***To expedite transfer of information of TB suspects and cases, the District Public Health Nurse (DPHN)/designee will call and fax or email (per DPH CHS Policy No. 450 or email directive, Encrypting Emails to be Sent Outside of the County, dated on 6/27/2011) the initial and updated ITBN forms to the receiving jurisdiction.***
  - ***The National Tuberculosis Controllers Association (NTCA) Directory is available at http://tbcontrollers.org/?p=10***
  - ***The California Tuberculosis Controllers Association (CTCA) Directory is available at http://www.ctca.org/programs/CTCA_DIRECTORY.pdf***

➢ **TBCP H.C. APS** will forward the original form to TBCP headquarters and an assigned staff will mail the form to the appropriate receiving jurisdiction.

B. When you receive ITBN Follow-Up Form from the receiving jurisdiction

➢ The **DPHN/designee** receives ITBN Follow-Up Form (30-Day, Interim, and/or Final, Located, Not located) from the receiving jurisdiction on TB suspects or TB Cases, the DPHN will provide a copy of the form to the TBCP H.C. APS.
  - Place the copies of the forms in the miscellaneous section of the patient's chart.

➢ **TBCP H.C. APS** will forward the copy to TBCP headquarters and an assigned staff will file the form appropriately.

C. When the ITBN Follow-Up form is not sent by the receiving jurisdiction

- ***30 days/Final status (Class 5 & 3):*** Allow an additional 10 days for the receiving jurisdiction to respond. If no response, contact the receiving jurisdiction contact person on the referral form for the status of the referral. The 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, refer case information to TBCP H.C.APS for further action.***

ACUITY TABLE

Acuity	Factors	Follow-up	Further Action
A ***(Low)***	• Moved prior to medical evaluation, i.e., Alien Referral	• Telephone and/or FAX to receiving jurisdiction 1 time • If patient located, 30 day status is the final disposition	• Consult with Supervision • Supervisor refers case to TBCP H.C. APS
B	• Extrapulmonary disease, i.e., pleural, lymph nodes, bone, etc.	• Telephone and/or FAX to receiving jurisdiction • 2 attempts within a 2 week period	• Consult with • supervision • Supervisor refers case to TBCP H.C. APS
C	• Minimal clinical symptoms, i.e., sputum smear (-), abnormal non-cavitary CXR	• Telephone and/or FAX to receiving jurisdiction • 2 attempts within a 2 week period	• Consult with supervision • Supervisor refers case to TBCP H.C. APS
D ***(High)***	• Extensive pulmonary disease, i.e., symptomatic, sputum smear (+), abnormal CXR (especially cavitary), poor clinical or bacteriologic response to therapy • HIV, immuno-compromised and other high risk medical conditions • Non-adherence to medical regimen • Known or suspected MDR TB • Disseminated disease • Child under 4 years of age	• Telephone and/or FAX to receiving jurisdiction • 3 attempts within a 2 week period	• Consult with supervision • Supervisor refers case to TBCP H.C. APS

D. What to do when you receive the ITBN Form from the referring jurisdiction

- ***30 Days After Notification Was Received***, a status report should be sent to the referring jurisdiction. The Follow-up form should be sent to the referring jurisdiction for all Class 5 & 3 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 5 & 3 patients to close the case when a final status is known.
- ***Return To:*** The referring jurisdiction should complete this information, however if this section is not completed, the receiving jurisdiction should complete the information using the contact information provided on the original ITBN form.
- ***Patient Information:*** Complete as indicated.
- ***Case:*** Final outcome in the receiving jurisdiction will be indicated by circling the appropriate reason(s) why therapy was stopped or closed. <u>The F/U form should be sent to the reporting jurisdiction.</u>
- ***Suspect/Source Case Finding:*** When the suspect case was verified (confirmed), the receiving jurisdiction will indicate how the case was verified (confirmed). 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 form 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 and/or treatment is started or continued, indicate the appropriate outcome(s) by circling the appropriate outcome.
- ***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 and/or treatment is started or continued, indicate the appropriate outcome by circling the appropriate outcome. This section can also be used to provide follow-up information for converters.

- The **DPHN/designee** completes the ITBN Follow-UP form (**Mark 'status'** – 30 Day, Interim, and/or Final, Located, Not located) and ***call and fax or email (per DPH CHS Policy No. 450 or email directive, Encrypting Emails to be Sent Outside of the County, dated on 6/27/2011)*** the form to the referring jurisdiction.
    - Place the copies of the forms and FAX coversheet or copy of the email sent to referring jurisdiction in the miscellaneous section of the patient's chart.
    - Provides the original ITBN Follow-Up form and Fax cover sheet or copy of the email sent to referring jurisdiction to the TBCP H.C. APS, PHN

- **TBCP H.C. APS** will forward the original forms to TBCP headquarters and an assigned staff will mail the forms to appropriate referring jurisdiction.