

Interjurisdictional Notifications

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Introduction

Purpose

Use this section to do the following:

- Notify public health agency staff in another jurisdiction that a person is moving (or has moved) to their jurisdiction who is any of the following:
 - Verified or suspected case of tuberculosis (TB) disease
 - High-priority contact to a smear-positive Class 3 or Class 5 pulmonary case, contact to a smear-negative Class 3 pulmonary case, or contact to a highly suspect Class 5 pulmonary case
 - Documented convertor who has initiated treatment for latent tuberculosis infection (LTBI)
 - Class 2 or Class 4 patient who has initiated treatment for LTBI
 - Close associate to a Class 3 index case with clinical presentation consistent with recently acquired disease in a source-case investigation or close associate to a child with LTBI in a source-case investigation
- Follow up on notifications.
- Enroll mobile TB patients in the TBNET tracking and referral service.



For a definition of tuberculosis (TB) patient classifications, see the “Tuberculosis Classification System” topic in the Surveillance section.

Making sure that TB patients complete their evaluation and treatment is a critical element of TB control.¹ Some patients receiving treatment for TB disease in the United States move from one jurisdiction to another before completing treatment. Notifying the receiving local and/or state jurisdiction of a patient’s impending arrival will prevent care from being interrupted and improve treatment outcome.

The term *Interjurisdictional notification* refers to a referral and/or follow-up report. Before the patient moves, or as soon as it becomes apparent that a patient has moved, the referring jurisdiction provides a referral to the receiving jurisdiction. After the patient has moved, the receiving jurisdiction then provides the referring jurisdiction with a follow-up report.

Policy

The MDCH TB Control Program is responsible for coordination of transfer notifications between states and local health departments within the state. The referring local health department should notify the MDCH TB Control Program when a patient plans or requests to transfer to another jurisdiction. The receiving and referring jurisdictions should stay in communication until final dispensation of the patient is known.



For roles and responsibilities, refer to the “Roles, Responsibilities, and Contact Information” topic in the Introduction.

When to Initiate a Notification

In general, Interjurisdictional notification should be made for any of the following circumstances or types of patients. Please contact the MDCH TB Control Program with any questions about when or how to initiate an Interjurisdictional notification.

Table 1: TRANSFER NOTIFICATIONS AND FOLLOW-UPS²

Referral Type	When to Initiate	Notes
Verified and suspected cases of tuberculosis (TB) disease	When notified that a Class 3 or 5 patient is moving or has moved from the area for 30 days or more	May also initiate to coordinate directly observed therapy (DOT) while patient is visiting another area.
Contacts	After identifying a: <ul style="list-style-type: none"> ▪ High-priority contact to a smear-positive Class 3 or Class 5 pulmonary case ▪ Contact to a smear-negative Class 3 pulmonary case ▪ Contact to a highly suspect Class 5 pulmonary case 	Send individual referrals for each contact.
Latent TB Infection (LTBI) converters	When notified that a documented convertor who has initiated treatment is moving or has moved from the area for 30 days or more	
LTBI reactors	When notified that a Class 2 or 4 patient who has initiated treatment is moving or has moved from the area for 30 days or more	
Source case investigation for TB disease	After identifying a close associate to a Class 3 index case with clinical presentation consistent with recently acquired disease	Use primarily for associates to children under 5 years of age with TB disease. A younger age cut-off may be advisable because the focus would be on more recent transmission. ³
Source case investigation for LTBI	After identifying a close associate to a child with LTBI	Use primarily for associates to children under 2 years of age with LTBI. ⁴
Final disposition	When final status and/or outcome is known	

Source: NTCA. *Interjurisdictional Tuberculosis (TB) Notification—National Tuberculosis Controllers Association Recommendations*. Smyrna, GA: March 2002:1–5.

How to Issue a Notification

Inside the United States (within the state or between states), see Table 2: **Referrals in the United States**.

Outside the United States, contact the MDCH TB Control Program. The MDCH TB Control Program will work with the receiving country to report the case.

Transfers Inside the United States

An Interjurisdictional tuberculosis (TB) notification system has been set up by the National Tuberculosis Controllers Association (NTCA) to facilitate and standardize communication between states. This system will enhance continuity and completeness of care and improve outcome evaluation of verified cases.⁵ Interjurisdictional notification and Follow-Up forms are available online at the MDCH TB Control Program website: <http://www.michigan.gov/mdch/tb>. Table 2: **Referrals in the United States** provides an overview of the Interjurisdictional notification process, and the roles of the referring local health department and the MDCH TB Control Program. The referring local health department should make a referral as soon as possible when a patient has moved or is going to move, or when a contact to a Michigan case has been identified in another jurisdiction.

Table 2: REFERRALS IN THE UNITED STATES⁶

Steps	Local Health Department should
1. Make referral	<ul style="list-style-type: none"> • Complete the NTCA “Interjurisdictional TB Notification” form and “Interjurisdictional TB Follow-Up” form (if appropriate) • Fax the forms to the MDCH TB Control Program and retain the original in the patient’s file. The MDCH TB Control Program will forward the forms to the receiving jurisdiction and keep a copy • Copy the complete and updated local health department file on the patient and mail to the jurisdiction receiving the patient • Call the patient’s private provider (if they have one) and arrange for transfer of the patient’s records to the receiving private provider, or to the receiving jurisdiction if a new private provider has not been identified.
2. Provide records to the patient	The local health department from which the patient is transferring should provide the patient a copy of the referral and treatment records.
3. Follow up on referral	The receiving jurisdiction or provider is responsible for completing and returning the Follow-Up form in a timely manner. If you do not receive timely follow-up on a patient you referred, you may contact the receiving jurisdiction directly, or the MDCH TB Control Program for assistance in obtaining follow-up information.

Source: NTCA. *Interjurisdictional Tuberculosis (TB) Notification—National Tuberculosis Controllers Association Recommendations*. Smyrna, GA: March 2002:1–5.

Interjurisdictional Follow-up Form

30 day status: located not located

Return to:

Name	Fax number
Jurisdiction	Phone number

Patient name _____ Date of birth ____/____/____
Last First Middle

New address _____
Number Street/Apt. City State Zip Code

New telephone () _____ Sex Male Female

Case: (Send RVCT F/U2 to reporting jurisdiction)

- | | |
|--|--|
| <input type="checkbox"/> Completed: ____/____/____ | <input type="checkbox"/> Moved to: city _____ county _____ state _____ |
| <input type="checkbox"/> Died | <input type="checkbox"/> Lost (after initially located) <input type="checkbox"/> Never located |
| <input type="checkbox"/> Uncooperative or refused | <input type="checkbox"/> Not TB <input type="checkbox"/> Other _____ |

Suspect:

- | | |
|---|---|
| <input type="checkbox"/> Verified by lab | <input type="checkbox"/> Verified by clinical |
| <input type="checkbox"/> Verified by provider | <input type="checkbox"/> Not verified |
| <input type="checkbox"/> Other: _____ | |

If verified, and original jurisdiction submits RVCT, complete case outcome above.

Contact:

- | | |
|--|---|
| <input type="checkbox"/> No follow-up performed | <input type="checkbox"/> Never located |
| <input type="checkbox"/> Evaluated: <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV <input type="checkbox"/> No infection | |
| <input type="checkbox"/> Started treatment | <input type="checkbox"/> Continuing treatment <input type="checkbox"/> Other: _____ |

LTBI/Convertor:

- | | | |
|---|--|--|
| <input type="checkbox"/> No follow-up performed | <input type="checkbox"/> Never located | <input type="checkbox"/> Started treatment |
| <input type="checkbox"/> Continuing treatment | <input type="checkbox"/> Other: _____ | |



For more information on completing the NTCA forms, see the NTCA's *Interjurisdictional Tuberculosis (TB) Notification—National Tuberculosis Controllers Association Recommendations* (NTCA Web site; March 2002) at: http://tbcontrollers.org/docs/IJ_Instructions.pdf .

Transfers Outside the United States

The local health department should notify the MDCH TB Control Program as soon as they are aware that a patient plans to leave or has left the country. Two options are currently in use by the MDCH TB Control Program for international notifications: notification via CDC-establish protocol and contacts; and notification via Migrant Clinician Network's TBNet.

Centers for Disease Control and Prevention International Notifications

The notification process for international TB cases developed by the CDC is briefly described on the "Process for International Notification of TB Cases" Web page at: <http://www.cdc.gov/tb/pubs/international/default.htm>.

The MDCH TB Control Program will send international referrals directly to the destination country as soon as possible after receiving information about the patient's move, or when a contact/associate is identified in another country.

To make an international referral through CDC, the MDCH TB Control Program will:

1. Complete the International Tuberculosis Notification Form: http://www.cdc.gov/tb/pubs/international/internat_proces.htm.
2. Forward a copy of the notification by express mail or fax to the destination country's TB control program or designated official. Contact information is available through the CDC Web site at: <http://www.cdc.gov/tb/pubs/international/default.htm>.
3. Provide the referring local health department with a copy of the referral. If possible, the local health department should provide the patient with a copy of their treatment records prior to their departure. This should include any medication given and the dosing and regimen used or prescribed by the referring health department.

Migrant Clinician Network & TBNet: International and Domestic Transfers in Mobile, Underserved Populations

TBNet (<http://www.migrantclinician.org/services/tbnet>) is a multinational TB patient tracking and referral project for mobile, underserved populations. Although the program was originally created for migrant farm workers, it is expanding to include any patient who might be mobile during their treatment, such as the homeless, immigration detainees, or prison parolees. The MDCH TB Control Program will facilitate referral of a patient through TBNet.

TBNet offers the following services:

- **Portable, wallet-sized treatment records.** TBNet supplies TB clinics with records that summarize a patient's TB treatment and can easily be carried by the patient.
Toll-free line (1-800-825-8205) for healthcare providers and patients. Healthcare providers from the United States or Mexico can call to request an up-to-date copy of

medical records of patients enrolled in TBNet. Patients can call for help with locating treatment facilities at their next destination.

To enroll a patient in TBNet:

1. Please contact the MDCH TB Control Program as soon as possible to initiate a TBNet referral once a patient known to be mobile has started treatment, or once you become aware that a patient intends or is likely to move. Contact the MDCH TB Control Program to notify of the need to refer and obtain the necessary forms.
2. Complete the TBNet Consent, Patient Information, and Medical History forms. These are available from the MDCH TB Control Program or online at: <http://www.migrantclinician.org/services/health-network-forms.html>.
3. Fax the forms, copies of any chest radiograph interpretations and all laboratory reports, to the MDCH TB Control Program.
4. Provide the patient with the portable, wallet-sized treatment record and TBNet's toll free number (1-800-825-8205).

References

- ¹ CDC. International notification of tuberculosis cases [Division of Tuberculosis Elimination Web site]. Available at: <http://www.cdc.gov/tb/pubs/International/default.htm> . Accessed January 28, 2009.
- ² NTCA. *Interjurisdictional Resources* [NTCA Web site]. Available at: <http://tbcontrollers.org/?p=9> . Accessed January 28, 2009.
- ³ CDC, NTCA. Guidelines for the investigation of contacts of persons with infectious tuberculosis; recommendations from the National Tuberculosis Controllers Association and CDC, and guidelines for using the QuantiFERON[®]-TB Gold test for detecting *Mycobacterium tuberculosis* infection, United States. *MMWR* 2005;54(No. RR-15):31.
- ⁴ CDC, NTCA. Guidelines for the investigation of contacts of persons with infectious tuberculosis; recommendations from the National Tuberculosis Controllers Association and CDC, and guidelines for using the QuantiFERON[®]-TB Gold test for detecting *Mycobacterium tuberculosis* infection, United States. *MMWR* 2005;54(No. RR-15):31.
- ⁵ NTCA. *Interjurisdictional Resources* [NTCA Web site]. Available at: <http://tbcontrollers.org/?p=9> . Accessed January 28, 2009.