

Transfer Notifications

CONTENTS

| | |
|--|-------------|
| Introduction..... | 14.2 |
| Purpose..... | 14.2 |
| Guidance..... | 14.3 |
| When to Initiate a Notification | 14.4 |
| How to Issue a Notification..... | 14.5 |
| References | 14.7 |

Introduction

Purpose

Use this section to

- 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 person with known or suspected pulmonary tuberculosis
 - documented convertor who has initiated treatment for latent tuberculosis infection (LTBI),
 - patient who has initiated treatment for LTBI, if they are receiving treatment under your district's TB clinic supervision,
 - person identified as a contact of a person with active TB or a child with LTBI during a source-case investigation who has symptoms consistent with recently acquired disease.
- follow up on notifications.

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 U.S. 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 "transfer notification" refers to a referral 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.

Guidance

The Idaho state TB program is responsible for transfer notifications. The local public health jurisdiction should notify the state public health department when a patient transfers to another jurisdiction. The district may be asked by the state TB program to assist with transferring information to the receiving jurisdiction, especially when detailed case knowledge will be helpful to the receiving jurisdiction (e.g. if there are problems with ensuring compliance, cultural or language barriers, etc)

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.

See Table I below for NTCA recommendations for transfer notifications; the Classification System for TB is listed in Chapter 5, Table I.

When to Initiate a Notification



For a definition of tuberculosis (TB) patient classifications, see the “Tuberculosis Classification System” topic in the section on Finding and Diagnosing Tuberculosis Disease and Latent Tuberculosis Infection.

TABLE 1: NTCA RECOMMENDED 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 and 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 | |
| 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 |
| Follow-Up Type | When to Initiate | Notes |
| 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

How a notification is made depends upon whether the transfer occurred:

- Inside the U.S. (within the state or between states): See Table 2: **Referrals in the U.S.**
- Outside the U.S.: The Idaho state TB program will work with the country impacted to report the case.

Transfers within Idaho: Refer to the middle column in Table 2: **Referrals in the U.S.**

Transfers Between 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 Refer to the right column in Table 2: **Referrals in the U.S.**

TABLE 2: REFERRALS IN THE U.S. ⁶

| Action | Transfers Within Idaho | Transfers Between States |
|--------------------------|--|--|
| Make a referral | <p>The public health agency from which the patient is transferring should do the following as soon as possible:</p> <ul style="list-style-type: none"> ▪ Call the Idaho state TB program at 208-334-5939 ▪ Copy the updated, complete local public health file on the patient and send the copy to the jurisdiction receiving the patient ▪ Call the patient's private provider and arrange for transfer of the patient's records to the receiving physician (or to the jurisdiction receiving the patient if no receiving physician is designated) | <p>The public health agency from which the patient is transferring should do the following as soon as possible:</p> <ul style="list-style-type: none"> ▪ Call the Idaho state TB program ▪ Fill out the NTCA's <i>Interjurisdictional TB Notification</i> form* ▪ Mail and fax the form to the Idaho state TB program at <ul style="list-style-type: none"> • Mail: 450 W. State St., Boise, ID 83720-0036 • Fax: 208-332-7307 <p>If more information is needed, the Idaho state TB program will request it from the public health agency from which the patient is transferring</p> |
| Give the patient records | <p>The public health agency from which the patient is transferring should provide the patient a copy of the treatment records</p> | <p>The public health agency from which the patient is transferring should provide the patient a copy of the referral and treatment records</p> |
| Follow up on referrals | <p>Not necessary</p> | <p>Use the <i>NTCA's Interjurisdictional TB Follow-Up</i> form^s</p> |

| Action | Transfers Within Idaho | Transfers Between States |
|---|------------------------|--------------------------|
| <p>* The NTCA's Interjurisdictional TB Notification form is available online at http://bluewinkle.com/ntca/themes/connections/ntca_files/IJ_Form_Page1.pdf</p> <p>§ NTCA's Interjurisdictional TB Follow-Up form http://bluewinkle.com/ntca/themes/connections/ntca_files/IJ_Form_Page2_Followup.pdf</p> | | |

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



For more information on completing the NTCA forms, see the NTCA's *Interjurisdictional Tuberculosis (TB) Notification - National Tuberculosis Controllers Association Recommendations* (March 2002: 2–5) at http://bluewinkle.com/ntca/themes/connections/ntca_files/IJ_Instructions.pdf.

References

- ¹ CDC. International Notification of Tuberculosis Cases. Division of Tuberculosis Elimination Web page. Available at <http://www.cdc.gov/tb/pubs/International/default.htm>. Accessed July 7, 2006.
- ² NTCA. Interjurisdictional Tuberculosis (TB) Notification - National Tuberculosis Controllers Association Recommendations. March 2002:1–5. Available at http://bluewinkle.com/ntca/themes/connections/ntca_files/IJ_Instructions.pdf . Accessed July 6, 2006.
- 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 Tuberculosis (TB) Notification - National Tuberculosis Controllers Association Recommendations*. March 2002:1–5. Available at http://bluewinkle.com/ntca/themes/connections/ntca_files/IJ_Instructions.pdf . Accessed July 6, 2006.
- ⁶ NTCA. *Interjurisdictional Tuberculosis (TB) Notification - National Tuberculosis Controllers Association Recommendations*. March 2002:1–5. Available at http://bluewinkle.com/ntca/themes/connections/ntca_files/IJ_Instructions.pdf . Accessed July 6, 2006.

