Transfer 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 a
  - 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; or
  - 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.
- Make CURE-TB referrals for TB patients and contacts who move between the U.S. and Mexico;
- Enroll mobile TB patients in the TBNet tracking and referral service.

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 *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.

Policy

The Arizona Department of Health Services is responsible for coordination of transfer notifications between states and other local jurisdictions within the state. The local public health jurisdiction should notify the state public health department 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 chapter on "Roles, Responsibilities, and Contact Information"

When to Initiate a Notification

For a definition of tuberculosis (TB) patient classifications, see the "Tuberculosis Classification System" topic in the Diagnosis of Tuberculosis Disease section.

Table 1: **TRANSFER NOTIFICATIONS AND FOLLOW-UPS**[2]

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: ▪ 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]

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 United States
- Outside the United States

Transfers Inside the United States

Transfers Within Arizona Refer to Table 2: **Referrals in the United States.**

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 Table 2: **Referrals in the United States.**

The local health departments and the State of Arizona, Department of Health Services should take the following steps to send a referral to notify another jurisdiction to which a patient has moved or another jurisdiction in which a contact/associate is identified.

Table 2: **REFERRALS IN THE UNITED STATES**[6]

Action	Transfers Within Arizona	Transfers Between States
Make a referral	The public health agency from which the patient is transferring should do the following as soon as possible: ▪ Call the Arizona Department of Health Services at 602-364-4750. ▪ 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)	The public health agency from which the patient is transferring should do the following as soon as possible: ▪ Call the Arizona Department of Health Services at 602-364-4750. ▪ Fill out the NTCA's "Interjurisdictional Tuberculosis Notification" form* ▪ Mail and fax the form to the Arizona Department of Health Services, TB Control Section at: • Mail: 150 N. 18th Avenue, Suite 140 Phoenix, AZ. 85007 • Fax: 602-364-3267 If more information is needed, the Arizona Department of Health Services will request it from the public health agency from which the patient is transferring

Action	Transfers Within Arizona	Transfers Between States
Provide records to patient	The public health agency from which the patient is transferring should provide the patient a copy of the treatment records	The public health agency from which the patient is transferring should provide the patient a copy of the referral and treatment records
Send the referral form	Not necessary	Use the NTCA's "Interjurisdictional TB Notification Follow-Up" form†

* The NTCA's "Interjurisdictional Tuberculosis Notification" form is available online at http://bluewinkle.com/ntca/themes/connections/ntca_files/IJ_Form_Page1.pdf

† NTCA's "Interjurisdictional TB Notification Follow-Up" form is available online at http://bluewinkle.com/ntca/themes/connections/ntca_files/IJ_Form_Page2_Followup.pdf

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* (NTCA Web site; March 2002) at http://bluewinkle.com/ntca/themes/connections/ntca_files/IJ_Instructions.pdf.

Transfers Outside the United States

Centers for Disease Control and Prevention International Notifications

The Arizona Department of Health Services is responsible for international transfer notifications. The local health jurisdiction should notify the state health department when a patient moves outside the country.

Local healthcare agency staff: The information below is provided for your information only. State program staff will fill out these forms.

A process for international notification of TB cases has been developed by the CDC to provide information to TB control staff in the country of the patient's destination.[7] The CDC notification process covers the following regions:

- African Region
- Americas Region
- Eastern Mediterranean Region
- European Region
- Southeast Asia Region
- Western Pacific and East Asia Region

In Arizona send these referrals directly to the destination country and the Arizona Department of Health Services, TB Control Section as soon as possible after receiving information about the patient's move or identifying a contact/associate.

To make an international referral through CDC:

1. Complete the International Tuberculosis Notification Form http://www.cdc.gov/nchstp/tb/pubs/international/PDF/internat_proces.pdf
2. Forward a copy of the notification by fax to the destination country and the Arizona Department of Health Services, TB Control Section. For contact information, see the CDC Website at http://www.cdc.gov/nchstp/tb/pubs/international/international.htm

3. Provide the patient with
   a. A copy of the referral and treatment records.
   b. Enough medication for one week if the patient is going out of the country.

CURE-TB: Transfers to Mexico

Instead of the CDC notification, make referrals through CURE-TB (http://www.curetb.org), a referral program for TB patients and their contacts moving between the U.S. and Mexico. This program provides direct guidance to patients and facilitates the exchange of information between providers in both countries. Services are available to patients and providers all over the U.S. and Mexico.[8]

Referrals accepted by the CURE-TB program include the following:

- **Patients** with suspected or confirmed TB disease who are moving or spending more than one month in Mexico
- **Contacts who move** between the U.S. and Mexico
- **Contacts living in Mexico** who have been exposed to a confirmed case living in the U.S.
- **Source case finding** for an index case in the U.S. when there is reasonable suspicion of TB disease in a person living in Mexico
- **Requests for a patient's clinical history** while living in Mexico, if sufficient locating information regarding the Mexican provider is supplied
- The local health department or the Arizona Department of Health Services initiates a CURE-TB referral within as soon as possible after receiving information about the patient's move or identifying a contact/associate.

To make a CURE-TB referral:

1. Complete the CURE-TB Referral Form (http://www2.sdcounty.ca.gov/hhsa/documents/BinationalReferralForm111.pdf)
2. Forward a copy of the referral form by fax to CURE-TB and the Arizona Department of Health Services
   a. The CURE-TB fax number is 1-619-692-8020. CURE-TB can be reached by telephone at 1-619-542-4011 or 1-619-542-4015.
   b. There is a Binational Card available from Immigration Custom Enforcement (ICE) and the local health departments for deportees. This card gives the deportees information on how to contact CURE-TB for assistance.

3. Provide the patient with:
   a. The CURE-TB telephone numbers to call (1-800-789-1751 in the U.S.; 001-800-789-1751 in Mexico) for questions about their care or about accessing care on either side of the border;[9]
   b. A copy of the referral and treatment records;
   c. A one-week supply of medication for patients going out of the country.

TBNet: International Transfers in Mobile, Underserved Populations

TBNet (http://www.migrantclinician.org/network/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.[10]

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 U.S. 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.

The local health department or the Arizona Department of Health Services initiates a TBNet referral as soon as possible after the start of treatment.

To enroll a patient in TBNet:

1. Call the TBNet Program Manager, at 1-800-825-8205 to begin the referral process.
2. Complete the TBNet Patient History and Brief Medical Information Form. (http://www.migrantclinician.org/_resources/TBNet_Pt_History___Med_Info.pdf)
3. Fax the form and copies of the chest radiograph and all laboratory reports to TBNet at 1-512-327-6140.[11]
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 July 7, 2006.

[2] NTCA. *Interjurisdictional Tuberculosis (TB) Notification—National Tuberculosis Controllers Association Recommendations* [NTCA Web site]. 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* [NTCA Web site]. 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* [NTCA Web site]. March 2002:1–5. Available at: http://bluewinkle.com/ntca/themes/connections/ntca_files/IJ_Instructions.pdf . Accessed July 6, 2006.

[7] NTCA. *Interjurisdictional Tuberculosis (TB) Notification—National Tuberculosis Controllers Association Recommendations* [NTCA Web site]. March 2002:1–5. Available at: http://bluewinkle.com/ntca/themes/connections/ntca_files/IJ_Instructions.pdf . Accessed July 6, 2006.

[8] NTCA. *Interjurisdictional Tuberculosis (TB) Notification—National Tuberculosis Controllers Association Recommendations* [NTCA Web site]. March 2002:1–5. Available at: http://bluewinkle.com/ntca/themes/connections/ntca_files/IJ_Instructions.pdf . Accessed July 6, 2006.

[9] NTCA. *Interjurisdictional Tuberculosis (TB) Notification—National Tuberculosis Controllers Association Recommendations* [NTCA Web site]. March 2002:1–5. Available at: http://bluewinkle.com/ntca/themes/connections/ntca_files/IJ_Instructions.pdf . Accessed July 6, 2006.