# 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.

Making sure that TB patients complete their evaluation and treatment is a critical element of TB control. 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 Montana TB Program 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 "Roles, Responsibilities, and Contact Information" topic in the Introduction.

## 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<sup>2</sup>

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	
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. <sup>3</sup>
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. <sup>4</sup>
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:

- Outside the United States: Call the Montana Tuberculosis Program at 406-444-0275.
- Inside the United States (within the state or between states): See Table 2:
   Referrals in the United States.
  - Transfers within Montana: Refer to the middle column in Table 2.
  - Transfers between states: Refer to the right column in Table 2.

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.<sup>5</sup>

TABLE 2: REFERRALS IN THE UNITED STATES<sup>6</sup>

Action	Transfers Within Montana	Transfers Between States
Make a referral	<ul> <li>The public health agency from which the patient is transferring should do the following as soon as possible:</li> <li>Call the Montana TB Program manager at 406-444-0275</li> <li>Copy the updated, complete local public health file on the patient, and send the copy to the jurisdiction receiving the patient</li> <li>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)</li> </ul>	The public health agency from which the patient is transferring should do the following as soon as possible:  Call the Montana TB Program manager at 406-444-0275  Fill out the NTCA's "Interjurisdictional Tuberculosis Notification" form*  Mail and fax the form to the Montana TB Program manager at  Mail: Cogswell Building, Room C216, 1400 Broadway Street, Helena, MT 59620  Fax: 406-444-0272  If more information is needed, the Montana TB Program manager will request it from the public health agency from which the patient is transferring
Give the patient records	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

Action	Transfers Within Montana	Transfers Between States
Follow up on referrals	Not necessary	Use the NTCA's "Interjurisdictional TB Notification Follow-Up" form <sup>†</sup>

<sup>\*</sup> The NTCA's "Interjurisdictional Tuberculosis Notification" form

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)

<sup>†</sup> NTCA's "Interjurisdictional TB Notification Follow-Up"

#### References

<sup>1</sup> CDC. International notification of tuberculosis cases [Division of Tuberculosis Elimination Web site]. Accessed July 7, 2006.

- <sup>3</sup> 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.
- <sup>4</sup> 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.
- NTCA. Interjurisdictional Tuberculosis (TB) Notification—National Tuberculosis Controllers Association Recommendations [NTCA Web site]. March 2002:1–5. Available at: Accessed July 6, 2006.
- <sup>6</sup> NTCA. Interjurisdictional Tuberculosis (TB) Notification—National Tuberculosis Controllers Association Recommendations [NTCA Web site]. March 2002:1–5. Available at: Accessed July 6, 2006.

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