



**Nevada Division of Public and Behavioral Health**  
**Office of Public Health, Informatics and Epidemiology**  
Tuberculosis Prevention, Control & Elimination Program



## **Interjurisdictional Tuberculosis Notification (IJTN) & Follow-up Forms**

Purpose: The purpose of this policy is to clarify the use of the Centers for Disease Control and Prevention's (CDC) **Interjurisdictional TB Notification (IJTN)** and **Follow-up** forms. These forms are to facilitate and standardize communication among TB programs at the Local Health Authorities (LHA) regarding the evaluation, testing or treatment of verified (confirmed) cases, suspect cases, and/or LTBI cases which were transferred into or out of Nevada.

Each Local Health Authority (LHA) must have a procedure that is HIPAA compliant as to how they will transmit patient information to the State TB Program (and, when required, to out-of-state jurisdictions). Additionally, each LHA must have a document retention policy for all IJTN faxes received for no less than 3 years as well as a procedure for keeping the IJTN documents in the appropriate individual's medical and/or surveillance files.

### **Forms:**

**Interjurisdictional TB Notification Form**-Provides standard information to be sent to the TB case's new jurisdictions (where he/she is moving to).

**Interjurisdictional TB Notification Follow-up Form**-Provides standard follow-up information to be transmitted to the referring jurisdiction.

### **Definitions:**

- **Referring (Sending) Jurisdiction:** The jurisdiction that initiates the interjurisdictional notification
- **Receiving Jurisdiction:** The jurisdiction that receives the Interjurisdictional TB Notification
- **The Report of Verified (Confirmed) Case of TB (RVCT):** This is the national form used to report verified/confirmed cases to the CDC

## **Instructions:**

### **Flow of Communications (for both In- and Out-of-State Notifications)**

#### **Out-of-State Notifications**

The LHA will complete the forms and then send to the State TB Program information of TB suspects and cases. The State TB Program will call/e-mail and fax initial and updated notification/follow-up forms to the receiving state's jurisdiction.

#### **In-State Notifications**

The LHA will complete the forms and then send to the State TB Program. If it is a transfer within Nevada, the State TB Program will coordinate the forms between both local health authorities' TB programs by calling/e-mailing and faxing the initial and/or updated notification/follow-up forms to the receiving in-state jurisdiction.

### **When to Complete the IJTN Form for a Patient Moving/Moved to another Jurisdiction**

Note: Notifications should not be sent unless locating information is available with at least a street address, phone number, or emergency contact information (See Tables 1 and 2).

- ***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 for 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.
- ***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 4 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 the state where the case was reported.

### **What to do When Receiving the IJTN 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 (i.e. whenever updated information needs to be sent to the referring jurisdiction).
- **Final Status:** Must be sent to the referring jurisdiction for all Class 5 and 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 IJTN 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. The Follow-up form should be sent to the reporting jurisdiction.
- **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 Follow-up 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.” If follow-up is performed and/or treatment is started or continued, indicate the appropriate outcome(s) by circling the appropriate outcome on the 30 day status report.

- **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.

### **How to Complete the Interjurisdictional Tuberculosis (TB) Notification & Follow-up Forms (Attachments A & B)**

- **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 IJTN form when available – Mark “Updated” on IJTN form. To ensure rapid transfer of information, this update should be accomplished by calling and faxing the updated notification form to the receiving jurisdiction.
- **Contact/LTBI Information:** This section should be used for contacts, converters, and LTBI reactors. The TB skin test #1 and #2 (or IGRA, if used) 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 a follow-up is requested. **Note: the decision to provide follow-up for contacts, converters, and LTBI reactors are at the discretion of the receiving jurisdiction.**

**For Class A or B Immigrants:** Attach pertinent overseas medical documentation when available or transfer case in the CDC’s Electronic Disease Notification System (EDN) to patient’s new address so local jurisdiction’s health department may access the overseas medical documentation directly. (See Table 3)

## Appendix

**TABLE 1: ACUITY TABLE**

<b>Acuity</b>	<b>Factors</b>	<b>Follow-up</b>	<b>Further Action</b>
<b>A (Low)</b>	<ul style="list-style-type: none"> <li>• Moved prior to medical evaluation, i.e., Refugee/Immigrant Referral</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone and/or FAX to receiving jurisdiction 1 time</li> <li>• If patient located, 30 day status is the final disposition</li> </ul>	LHA's Internal SOP can determine if additional steps/activities are needed
<b>B</b>	<ul style="list-style-type: none"> <li>• Extrapulmonary disease, i.e., pleural, lymph nodes, bone, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone and/or FAX to receiving jurisdiction</li> <li>• 2 attempts within a 2 week period</li> </ul>	LHA's Internal SOP can determine if additional steps/activities are needed
<b>C</b>	<ul style="list-style-type: none"> <li>• Minimal clinical symptoms, i.e., sputum smear (-), abnormal non-cavitary CXR</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone and/or FAX to receiving jurisdiction</li> <li>• 2 attempts within a 2 week period</li> </ul>	LHA's Internal SOP can determine if additional steps/activities are needed
<b>D (High)</b>	<ul style="list-style-type: none"> <li>• Extensive pulmonary disease, i.e., symptomatic, sputum smear (+), abnormal CXR (especially cavitary), poor clinical or bacteriologic response to therapy</li> <li>• HIV, immuno-compromised and other high risk medical conditions</li> <li>• Non-adherence to medical regimen</li> <li>• Known or suspected MDR TB</li> <li>• Disseminated disease</li> <li>• Child under 4 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone and/or FAX to receiving jurisdiction</li> <li>• 3 attempts within a 2 week period</li> </ul>	LHA's Internal SOP can determine if additional steps/activities are needed

**TABLE 2: TB CLASS SYSTEM**

Class	Type	Description
0	No TB exposure Not infected	No history of exposure Negative reaction to <a href="#">tuberculin</a> skin test
1	TB exposure No evidence of infection	History of exposure Negative reaction to tuberculin skin test
2	TB infection No disease	Positive reaction to tuberculin skin test Negative bacteriologic studies (if done) No clinical, bacteriologic, or radiographic evidence of TB
3	TB, clinically active	<i>M. tuberculosis</i> cultured (if done) Clinical, bacteriologic, or radiographic evidence of current disease
4	TB Not clinically active	History of episode(s) of TB <b>or</b> Abnormal but stable radiographic findings Positive reaction to the tuberculin skin test Negative bacteriologic studies (if done) <b>and</b> No clinical or radiographic evidence of current disease
5	TB suspect	Diagnosis pending TB disease should be ruled in or out within 3 months

**TABLE 3: TB CLASS SYSTEM FOR REFUGEES/IMMIGRANTS (EDN)**

No TB Classification (Normal)
Class A TB with waiver, infectious
Class B1 TB, Pulmonary/Extrapulmonary
Class B2 TB Latent TB Infection (LTBI) Evaluation
Class B3 TB, Contact Evaluation

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