

Interjurisdictional TB Notification Form

Companion Guide

What is the Interjurisdiction TB Notification (IJN) Form?

The IJN notification process is designed to facilitate consistent communication between US reporting areas to ensure continuity of care and timely data sharing.

When should a program use the IJN form?

For persons who need evaluation and/or follow up who moved or live in another jurisdiction than the one where they were initially identified:

- ▶ Persons confirmed with or under evaluation for active TB disease (Active/Possible TB)
- ▶ Contacts to active TB cases who live outside of or move from the jurisdiction in which the case was reported
- ▶ Settings or sites in another jurisdiction where exposure to active TB occurred
- ▶ Persons diagnosed with TB infection (also referred to LTBI) initiating or continuing treatment

This form is not appropriate for persons with an immigrant/refugee classification in EDN who have *not initiated* post-immigration medical evaluation before arriving in another jurisdiction.

For additional guidance, contact your state TB program.

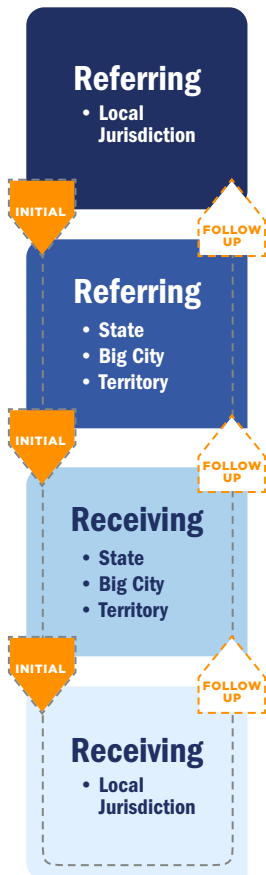
Online directory of state, big city and territory TB programs:

<http://www.tbcontrollers.org/community/statecityterritory/>

Please note:

- i** Within the form — hover over this symbol for clarification or a link to additional information

Recommended Workflow



Referring jurisdiction selects applicable pages from four sections

- ▶ **Cover Sheet:** one page used for all referrals
- ▶ **Active/Possible TB:** two pages summarizing patient status. Attach selected tests and clinical findings as indicated on form
- ▶ **Contact:** one page summarizing contact demographic information (or exposure setting information) and details about index case (smear/culture/DST)
 - ▶ For follow-up, attach selected tests and clinical findings as indicated on form
- ▶ **TB Infection:** one page summarizing person prescribed or started on LTBI treatment

For multiple persons: complete the relevant pages for each person and send with one cover sheet

If sending via email: ensure email is secure

If sending via fax: ensure entire fax was received

For all referrals for **active/possible TB:** call receiving program **within 1 day to ensure receipt**

Returning Follow-Up Information

- ▶ Complete the follow up section of the page(s) sent by the referring jurisdiction when the evaluation is complete
- ▶ **Active/Possible TB:** return within 7 days of referral, at evaluation disposition, and at treatment stop (if applicable)
- ▶ **Contact:** return within 30 days of referral, at evaluation disposition, and/or treatment stop (if applicable)
- ▶ **TB Infection:** return within 14 days and at treatment stop
- ▶ Return by the preferred route of transmission (fax or email)

NTCA Recognized Standard for Communication of the IJN Form:

Initial and Follow-up IJN Forms should consistently follow communication via the recognized standard workflow order:

Referring Local Jurisdiction sends to the **Referring State Program** ;
the **Referring State Program** sends to the **Receiving State Program** ;
the **Receiving State Program** will send to the **Receiving Local Jurisdiction** .



Glossary of Drop-Down Selections

8+ week Post-exposure Test	TST, QFT, T-Spot, Needs Testing, N/A, Other
Completing TB Infection Regimen	3HP, RIF (4 months), INH (9 months), INH (6 months), 3HR, 2RIPE, Other
Contact Priority	High, Medium/close, Low/other-than-close
Culture(s)	Yes, No: Pending, No: Not Done
Diagnosis Verified By	Culture, NAA, Smear/Tissue, Clinical Case, Provider Diagnosis, Pending
Drug	Isoniazid, Rifampin, Pyrazinamide, Ethambutol, Rifabutin, Rifapentine, Ethionamide, Streptomycin, Amikacin, Kanamycin, Capreomycin, Ciprofloxacin, Levofloxacin, Ofloxacin, Moxifloxacin, Cycloserine, PAS, Bedaquiline, Linezolid, Delamanid, Clofazimine, Pretomanid, Other
Drug Resistant Index Case	Yes, No, Pending
Ethnicity	Not Hispanic, Hispanic
Evaluation	Initiated, Completed, Not Done, Referred, N/A
Evaluation Outcome	No Infection/Disease, TB Infection, Active Disease, Pending, N/A
Gender Identity	Female, Male, Transgender man, Transgender woman, Genderqueer/gender nonconforming, other (specify in comments), Decline to answer
If not completed, provide reason <i>(Active/Evaluation for TB)</i>	Adverse Effect of Medicine, Client Chose to Stop, Lost to Follow-Up, Moved, Death, Provider Decision, Other
Immigrant/Refugee Classification	A, B0, B1, B2, B3
Initial TB Test	TST, QFT, T-Spot, Needs Testing, N/A, Other
Interpreter Needed	Yes, No
MAR/DOT Log Attached	Yes, No
NAAT	Yes, No: Pending, No: Not Done
Notified New Jurisdiction	Yes, No
Prescription Given	Yes, No
Race	American Indian, Alaska Native, Asian, Black or African American, Native Hawaiian/Pacific Islander, White, Unknown
Radiology	Yes, No: Pending, No: Not Done
Radiology: No	Not Done, Unknown, N/A
Radiology: Yes	Consistent with TB, Not Consistent with TB

Glossary of Drop-Down Selections *cont'd*

Reason Dispositioned <i>(Active/Evaluation for TB and Contact)</i>	Follow-Up Completed, Declined Evaluation, Never Located, Lost to Follow-Up, Moved, Died, Other
Reason Dispositioned <i>(TB Infection)</i>	Follow-Up Completed, Declined Evaluation, Not TB Infection, Never Located, Lost to Follow-Up, Moved, Died
Report Attached	Yes, No
Report Status	Preliminary, Final
Result	Positive, Negative, Indeterminate, Borderline
RVCT Attached: No	Not counted by referring jurisdiction, Burden Case, Contact State TB Program for RVCT
Sex at Birth	F, M
Site of Disease	Pulmonary, Extrapulmonary, Pulmonary and extrapulmonary
Smear(s)	Yes, No: Pending, No: Not Done
Smears and Cultures	Yes, No: Pending, No: Not Done
Starting TB Infection Regimen	3HP, RIF (4 months), INH (9 months), INH (6 months), 3HR, 2RIPE, Other
Susceptibilities <i>(if culture positive)</i>	Yes, No: Pending, No: Not Done
Therapy Admin	Daily DOT, Daily SAT, 5x wk DOT, 5x wk SAT, 3x wk DOT, 3x wk SAT, 2x wk DOT, 2x wk SAT, 1x wk DOT, 1x wk SAT, Other: see MAR
Transfer Complete in EDN	Yes, No
Treatment Status <i>(Active/Evaluation for TB)</i>	Completed, Continuing, Started, Not Completed, Referred, N/A
Treatment Status <i>(Contact Referral)</i>	Treatment Started, Needs Treatment, Window Prophylaxis Started, Needs Window Prophylaxis, Unknown/Needs Evaluation
Treatment Status <i>(Contact and TB Infection Follow-Up)</i>	Completed, Continuing, Started, Not Started, Referred, Stopped: Adverse Effect, Stopped: Client Decision, Stopped: Provider Decision, Stopped: Lost to follow-up, Stopped: Died, N/A
Treatment Status <i>(TB Infection Referral)</i>	Treatment Started, Needs Treatment
TST/IGRA	Yes, No: Pending, No: Not Done



National Tuberculosis Controllers Association (NTCA)

National Tuberculosis Nurse Coalition (NTNC)

Society for Epidemiology in TB Control (SETC)

www.tbcontrollers.org/resources/interjurisdictional-transfers