

Division of Tuberculosis Control, Refugee and Migrant Health

Procedures for Maryland Interjurisdictional Tuberculosis Transfers

When tuberculosis cases, suspects, contacts and reactors move to another jurisdiction, the procedures outlined below shall be utilized to assure smooth communication between TB programs and prompt patient follow-up. When out-of-state transfers occur, the "Interjurisdictional Tuberculosis Notification" and "Follow-up" forms, developed by the National TB Controller Association, shall accompany any other paperwork (see instructions). If you have any questions or concerns, please contact DHMH at (410) 767-6698. The fax number is (410) 669-4215.

Please PRINT CLEARLY to assure legibility. If additional comments are needed, attach a progress note labeled with the patient's name. In general, interjurisdictional transfers are executed via FAX (call in advance to assure confidential receipt and then verify that the FAX was received). Because confidentiality cannot be assured, e-mail should generally not be utilized.

1. Tuberculosis Cases and Suspects and Immigrants with Class B Notifications (CDC 75.17)

a. Within Maryland

As soon as it is known that a TB case, suspect or an immigrant with a Class B Tuberculosis Notification is moving from one local Maryland jurisdiction to another, the local health department managing the case (the sending jurisdiction) shall notify the LHD where the case is moving (the receiving jurisdiction), coordinate plans for continuation of treatment or evaluation, transfer appropriate medical records and notify DHMH TB control of the transfer. The receiving jurisdiction shall provide both DHMH and the sending jurisdiction with the follow-up data on the case, e.g., DOT and treatment completion. Completed Class B forms should be sent to DHMH.

b. Out of Maryland

As soon as it is known that a tuberculosis case or suspect is moving out of state, the sending jurisdiction shall FAX a completed Interjurisdictional Tuberculosis Notification form (and other relevant documentation) to DHMH. In addition, the sending jurisdiction may contact the receiving local jurisdiction to coordinate the patient transfer and share records (noting on the interjurisdictional form that this contact has been made). Please do not "batch" them for sending; this delays interstate communications.

DHMH will forward the notification to the other state health department, with the Interjurisdictional Follow-up and Report of Verified Case of Tuberculosis (RVCT) Follow-up Forms. All follow-up information obtained by DHMH will be forwarded to the sending jurisdiction.

Temporary moves: If the patient is moving only temporarily to another state, and directly observed therapy is needed while they reside there, the same procedures described above shall be utilized.

Out of country: When a tuberculosis case is moving to another country, the same procedures outlined above should be followed. DHMH will forward the transfer paperwork to the other country.

Class B Notifications: When a Class B immigrant moves to another state prior to any evaluation, FAX the Class B form (CDC form 75.17) to DHMH to forward to the other state. If a Class B immigrant moves prior to completing a Class B evaluation, send DHMH a completed Interstate Tuberculosis Notification form summarizing the results of the initial evaluation, in

addition to the Class B form. Instruct the patient to report to the local health department where they are moving.

c. Into Maryland

When DHMH receives an Interstate Tuberculosis Notification on a TB case or suspect from another state, the paperwork will be FAXed to the receiving jurisdiction (with a follow-up phone call). If you are receiving these forms directly from another jurisdiction, please forward them immediately to DHMH. The receiving jurisdiction shall send DHMH a Maryland Tuberculosis Case/Suspect Report (DHMH 4501) clearly indicating that it is a "transfer case" and, when data becomes available complete an Interjurisdictional Follow-up Form and RVCT Follow-up form and FAX it to DHMH. DHMH will provide the follow-up data to the sending jurisdiction. Class B Notifications from other states will be handled in the same way.

2. Contacts, Reactors and Treatment of Latent TB Infection (TLTBI)

In general, the responsibility for obtaining follow-up data on contacts lies with the jurisdiction where the index case was identified.

a. Within Maryland

Contacts: When contacts are identified who live in another Maryland county, a referral shall be made to the appropriate Maryland LHD for follow-up. The sending jurisdiction shall obtain follow-up information on the contact from the receiving jurisdiction, including initiation and completion of TLTBI, and update their contact investigation records prior to submitting contact reports to DHMH.

During investigations (e.g., institutional), in which contacts from multiple jurisdictions are identified and evaluated, the local health department which is conducting the investigation should inform the other jurisdictions regarding the status of the contact investigation.

Reactors / TLTBI (non-contacts): The sending jurisdiction transfers records to the receiving jurisdiction, including a copy of the DHMH 851 (Tuberculosis Chemoprophylaxis Record). The sending jurisdiction shall not send DHMH a copy of the 851 form at this point, unless it has been determined that the patient has discontinued treatment. The receiving jurisdiction should continue utilizing the same 851 form. After TLTBI has been discontinued, the receiving jurisdiction shall send a copy of the completed 851 form to DHMH, indicating the reason treatment was discontinued.

b. Out of Maryland

When out-of-state contacts are identified or those on treatment of latent TB infection move out of state, the sending jurisdiction must complete an Interjurisdictional Tuberculosis Notification form and FAX to DHMH (calling to assure that FAX was received). The sending jurisdiction may make contact with the receiving local jurisdiction (noting this on the form). DHMH will forward the Interjurisdictional Tuberculosis Notification to the other state, requesting completion and return of the Follow-up form. DHMH will FAX the completed follow-up form to the sending jurisdiction.

c. Into Maryland

When DHMH receives interstate notifications of contacts or for treatment of latent TB infection, DHMH will FAX this the same day to the receiving jurisdiction and provide follow-up data to the other state as requested.