

National Tuberculosis Controllers Association

Overview of the Updated Interjurisdictional TB Notification (IJN) Form and Companion Guide

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Disclosure

I have NO financial disclosure or conflicts of interest with material discussed in this presentation.



The Updated IJN Form

- Coversheet with distinct referral types on separate pages to facilitate selecting, completing, and sending all and only the information relevant to the referral type(s)
- One referral "packet" can include multiple referral types (ex: 1 active case with 3 household contacts or persons with TB Infection)



Interjurisdictional TB Notification Cover Sheet

Send with All Referrals/Follow-up

Type of Referral: Active/Possible TB ——) TB Contact TB Infection	Call receiving state or local jurisdiction within 1 business day and confirm information is received
Online directory of state and big city	TB programs: www.tbcontrollers.org/com

munity/statecityterritory/

NTNC/NTCA Recognized Standard for Communication of the IJN Form:

The recommended workflow for the secure transmission of the JJN and additional guidance on completing and sending the JJN Form and Follow-Up is provided in the IJN Companion Guide: www.tbcontrollers.org/resources/interjurisdictional-transfers/

10	9		105
	Name of Local Program:	City:	
Referring	County:	State:	
• Local Jurisdiction	Local Program Contact:	Phone:	Date sent to
Jurisulction	Fax:	Email:	Referring State
		referred document transmission.	
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• State	Program Contact:	Phone:	Date sent to Receiving Stat
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• Territory			
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Big City Territory	Fax:	Email:	
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	Local Program:	City:	Follov
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National Tuberculosis Nurse Coalition (NTNC) Society for Epidemiology in TB Control (SE7 National Tuberculosis Controllers Associat

www.tbcontrollers.org/resources/interjurisdictional-trans/

NOTE: This form contains confidential patient information. Please comply with HIPAA regulations

IJN Form

Coversheet

Interjurisdictional TB Notification Cover Sheet

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		ognized Standard for Com		
		smission of the UN and additional gu de: www.tbcontrollers.org/r		
	Name of Local Program:		City:	
Referring	County:		State:	
• Local Jurisdiction	Local Program Contact:		Phone:	Date sent to Referring State:
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State	Program Contact:		Phone:	Receiving State/ Big City/Territory:
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FOL	LOW IP			
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Big City	Fax:	Email:		Receiving Local:
Territory		e for preferred document transmission.		
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FOL	LOW IP			
	Name of Local Program:		City:	Follow-Up sent to:
Receiving	County:		State:	State/Big City
• Local	Local Program		Phone:	Referring State/Big City
Jurisdiction	Contact:			Date Follow-Up se
	Fax:	Email:		
	i Check box abov	e for preferred document transmission.		



Coversheet

Interjurisdictional TB Notification Cover Sheet

Send with All Referrals/Follow-up

Type of Referral: Active/Possible TB —	\rightarrow		Call receiving state or local
☐ TB Contact		60	jurisdiction within 1 business day and confirm information is received
☐ TB Infection			Serial Control of Cont

Online directory of state and big city TB programs: www.tbcontrollers.org/community/statecityterritory/

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Coversheet

	Name of Local Program:	City:	
Referring	County:	State:	
• Local	Local Program	Phone:	Date sent to
Jurisdiction	Contact:	Email:	Referring State:
		preferred document transmission.	
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Referring	Name of Program:	Jurisdiction:	Date sent to
• State	Program Contact:	Phone:	Receiving State/ Big City/Territory:
• Big City	Fax:	Email:	big Grty/Territory:
 Territory 			
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Receiving • State • Big City • Territory	Name of Program: Program Contact: Fax: Check box above for	Jurisdiction: Phone:	AND THE PROPERTY OF THE PROPER
Receiving • State • Big City • Territory	Name of Program: Program Contact: Fax: Check box above for	Jurisdiction: Phone: Email:	AND THE PROPERTY OF THE PROPER
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Receiving • State • Big City • Territory	Name of Program: Program Contact: Fax: Check box above for	Jurisdiction: Phone: Email: preferred document transmission.	Receiving Local: Follow-Up sent to: Receiving State/Big City
Receiving • State • Big City • Territory Receiving • Local	Name of Program: Program Contact: Fax: Check box above for Name of Local Program: County: Local Program	Jurisdiction: Phone: Preferred document transmission. City: State:	Follow-Up sent to: Receiving State/Big City Referring State/Big City
Receiving • State • Big City • Territory	Name of Program: Program Contact: Fax: Check box above for Local Program: County:	Jurisdiction: Phone: Preferred document transmission. City:	Receiving Local: Follow-Up sent to: Receiving State/Big City



Interjurisdictional TB Notification Active/Evaluation for Possible TB Disease Referred for: TB disease continued care Date of Expected Arrival: Call receiving state or local jurisdiction within 1 business day and confirm information is received Client Information Middle Name: Date of Birth: Sex at Birth: Race: Ethnicity: Country of Birth: Primary Language: Interpreter Needed? New Address: City: State/Province/Region: Zip Code: County: Phone 1: Immigrant/Refugee Classification EDN A# Transfer Complete in EDN Alternate Contact Name Relationship: Phone: Additional Contact Information: Diagnosis Verified by: Specify extrapulmonary: If Pulmonary: Cavitary Sputum culture conversion documented Date of first negative sputum culture: Isolation: Discontinued Continued isolation necessary, specify: RVCT (Case Report) Attached (required if counted): Yes No Tests/Results: 0 Smear(s): NAAT: Radiology: Most recent results are attached (If not attached, please provide reason) Culture(s): Susceptibilities (if culture positive): Treatment Summary: MAR/DOT Log Attached: Date Started: Date Stopped: Dosage Therapy Admin: Drug: Dosage Therapy Admin: Date Started: Date Stopped: Drug: Dosage: Therapy Admin: Date Started: Date Stopped Drug: Dosage: Therapy Admin: Date Started: Date Stopped: Drug: Dosage: Therapy Admin: Date Started: Date Stopped Therapy Admin: Date Started: Date Stopped: Current Medication Administration Method: DOT □ eDOT □ SAT Side Effects, Adherence, or Administration Problems Estimated Treatment Duration: Last DOT dose administered on: Date medication given for travel: # of doses in hand for travel: Prescription Given: Comments:

INTERJURISDICTIONAL TB NOTIFICATION (IJN) | www.tbcontrollers.org/resources/interjurisdictional-transfers

NOTE: This form contains confidential patient information. Please comply with HIPAA regulations when sending this form

Interjurisdictional TB Notification Follow-Up

Active/Evaluation for Possible TB Disease PAGE 2 OF 2

Report Status: Date of Disposition: Reason Dispositioned:		9:			First Na	me:			Date of Birth:
If Disposition Other: Evaluation: Evaluation Dutcome: Evaluation Dutcome: ITests/Results: Inst/KRA: Inst/Inst/Inst/Inst/Inst/Inst/Inst/Inst/	Follow-Up Information								
Evaluation: Evaluation Outcome: Fests/Results: IST/IGRA: Radiology: Smear(s): NAAI: Modes recent results are attached Culture(s): Susceptibilities (if culture positive):			Date of Disposition	on:		Reason Dis	positioned:		
MAR/DOT Log Attached. Gradient Moved: Susceptibilities (If culture positive):		Evaluat	ion Outcome:						
	Tests/Results: Most recent results are attached (If not attached, please provide reason)					culture posit			NAAT:
	Treatment Status:		MAR/DOT Log	Attached:		If not comp	leted, provide reaso	in:	
State/Province/Region: Zip Code: County:	If Active TB Disease: Counting Juri	sdiction:				RVCT#			
State/Province/Region: Zip Code: County:	If Patient Moved: Notified New Juris	ediction:							
Phone 1: Phone 2: Email:	New Address:					City:			
	State/Province/Region:					Zip Code:		County:	
	Phone 1:	Phone	2:		Emai	:			

NOTE: This form contains confidential patient information. Please comply with HIPAA regulations when sending this form

Interjurisdictional TB Notification

Active/ Evaluation	on for Possible 1 B Dis	ease PAGE TOF 2
	g state or local jurisdiction within 1 y and confirm information is received	Date of Expected Arrival:
Client Information Last Name:	First Name:	Middle Name:
Date of Birth: Sex at Birth: Gender Identity:	Race:	Ethnicity:
Country of Birth: Primary Language:		Interpreter Needed?
New Address:	City:	
State/Province/Region:	Zip Code:	County:
Phone 1: Phone 2:	Email:	
Immigrant/Refugee Classification EDN A#	Transfer Complete in EDN	
Alternate Contact Name:	Relationship:	Phone:
Additional Contact Information:		



Diagnosis Verified by: Site of Disease: Specify extrapulmonary:							
If Pulmonary: Cavitary Sputum culture conversion documented Date of first negative sputum culture: Isolation: Discontinued Continued isolation necessary, specify:							
RVCT (Case Rep	port) Attached (re	quired if counted):	Yes No				
Tests/Results: TST/IGRA: Radiology: Smear(s): NAAT: Most recent results are attached (If not attached, please provide reason) Culture(s): Susceptibilities (if culture positive):							
Treatment Sum	mary: MAR/DOT Log	Attached:					
Drug:	Dosage:	Ther	apy Admin:	Date Started:	Date Stopped:		
Drug:	Dosage:	Ther	apy Admin:	Date Started:	Date Stopped:		
Drug:	Dosage:	Ther	apy Admin:	Date Started:	Date Stopped:		
Drug:	Dosage:	Ther	apy Admin:	Date Started:	Date Stopped:		
Drug:	Dosage:	Ther	apy Admin:	Date Started:	Date Stopped:		
Drug:	Dosage:	Ther	apy Admin:	Date Started:	Date Stopped:		
Current Medication	Current Medication Administration Method: DOT eDOT SAT						
Side Effects, Adher	ence, or Administration	Problems:					
Estimated Treatmer	nt Duration:	Last DOT o	lose administered on:				
Date medication gi	ven for travel:	# of doses	in hand for travel:	Prescription Given:			
Comments:							

Interjurisdictional TB Notification Follow-Up

Active/Evaluation for Possible TB Disease PAGE 2 OF 2

follow-Up Information							
Report Status:	D	ate of Disposition:		Rea	son Dispositi	oned:	
Disposition Other:				21			
valuation:	Evaluati	on Outcome:					
ests/Results: ①	TST/IGRA:		Radiology:		9	mear(s):	NAAT:
fost recent results are attached	Culture(s):		Susceptibili	tion (if aultuu		near(s).	IVAAL
ff not attached, please provide reason)							****************
reatment Status:		MAR/DOT Log Att	ached:	If no	t completed,	provide reason:	
f Active TB Disease: Counting Ju	risdiction:			R	VCT#	***************************************	
f Patient Moved: Notified New Jui	isdiction:					***************************************	
lew Address:					City:		
tate/Province/Region:				Zip Co	ode:	County	;
Phone 1:	Phone 2	9		Email:			
							
Comments:							



Interjurisdictional TB Notification TB Contact Investigation Date of Expected Arrival: Referred for: Location, evaluation Completion of evaluation (evaluation initiated, but the person moved) Client Information Last Name: First Name: Middle Name: Date of Birth: Sex at Birth: Race: Ethnicity: Identity: Country of Birth: Primary Language: Interpreter Needed? New Address: City: County: State/Province/Region: Zip Code: Phone 2: Alternate Contact Name: Relationship: Phone: Contact Priority: Date of Last Exposure: Drug Resistant Index Case: Initial TB Test: Date: TST mm: Report Attached: Result: 8+ week Post-exposure Test: TST mm: Report Attached: Date Result: Radiology: Yes No Report Attached: **Treatment Status:** MAR/DOT Log Attached: Starting TB Infection Regimen: Date Started: Estimated Treatment Duration: Date medication given for travel: # of doses in hand for travel: Prescription Given: Side Effects, Adherence, or Administration Problems: Follow-Up Information Report Status: Date of Disposition: Reason Dispositioned: If Disposition Other: Evaluation: Tests/Results: 0 TST/IGRA: Smear(s): NAAT: Culture(s): Susceptibilities (if culture positive) (If not attached, please provide reason) Treatment Status: Date Stopped: Infection Regimen: Attached: If Patient Moved: Notified New Jurisdiction: New Address: City: State/Province/Region: Zip Code: County: Phone 1: Phone 2: Comments:

INTERJURISDICTIONAL TB NOTIFICATION (IJN) | www.tbcontrollers.org/resources/interjurisdictional-transfers

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Interjurisdictional TB Notification

TB Contact Investigation

						Date of Expected Arrival:
Referred for: Loc	ation, evaluation Com	oletion of evaluation (eva	aluation initiated, but	the person mov	ed)	
Client Information	Last Name:	Î	First Name:		Middle Name:	
-		Gender	THIS CHAINO!		Wildele Harrie.	
Date of Birth:	Sex at Birth:	Identity:		Race:		Ethnicity:
Country of Birth:		Primary Language:			Interpreter Needed?	
New Address:	*			City:		
State/Province/Region:			Zip Co	de:	County:	-
Phone 1:	Phone 2	2:	Email:	local de la casa de la		
Alternate Contact	Name:		Relationship:		Phon	e:



Date of Last Exposure: Co	ntact Priority:	Dru	g Resistant Index Case:	
Initial TB Test:	Date:	Result:	TST mm:	Report Attached:
8+ week Post-exposure Test:	Date:	Result:	TST mm:	Report Attached:
Radiology: Yes	No No	Report Attached		
Treatment Status:	MAR/DOT Log	Attached:		
Starting TB Infection Regimen:	Date Started:	Estimated Treatm	ent Duration:	
Date medication given for travel:	# of doses in hand for tra	vel: Prescription	Given:	
Side Effects, Adherence, or Administration Problems:				
Comments:				



Follow-Up Information					
Report Status:	Date of Disposition:	Reason Dis	Reason Dispositioned:		
If Disposition Other:					
Evaluation:	Evaluation Outcome:				
Tests/Results: Most recent results are attached (If not attached, please provide reason)	TST/IGRA: Culture(s):	Radiology: Susceptibilities (if culture posi	Smear(s):	NAAT:	
Treatment Status:	MAR/DOT Lo Attache	og Completing TB d: Infection Regime	en:	Date Stopped:	
If Patient Moved: Notified New Juris	diction:				
New Address:		City:			
State/Province/Region:		Zip Code:	Cour	nty:	
Phone 1:	Phone 2:	Email:			
Comments:					



Control of the Contro	
Client Information Last Name:	First Name: Middle Name:
Date of Birth: Sex	at Birth: Gender Identity: Race: Ethnicity:
ountry of Birth:	Primary Language: Interpreter Needed?
New Address:	City:
tate/Province/Region:	Zip Code: County:
Phone 1:	Phone 2: Email:
nmigrant/Refugee Classification	EDN A# Transfer Complete in EDN
Alternate Contact Name:	Relationship: Phone:
Additional Contact Information:	
Freatment Status:	MAD/DOT Los Attobads
Starting TB Infection Regimen:	MAR/DOT Log Attached: Date Started: Estimated Treatment Duration:
Date medication given for travel:	# of doses in hand for travel: Prescription Given:
_	# Of GOODS IN Halld for Bayer. Prescription direct.
	Peoblemen
Tests/Results: 1 Most recent results are attached	Problems: IST/IGRA: Radiology: Smears and Cultures:
Tests/Results: 10 Most recent results are attached (If not attached, please provide reason)	
Tests/Results: 10 Most recent results are attached If not attached, please provide reason)	
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Tests/Results: Tests/Results: To a stached and a stached and a stached and a stached please provide reason) Comments: Follow-Up Information	
Fests/ Results: fests/ Results: fests	TST//GRA: Radiology: Smears and Outures:
Tests/Results: More to cont results are attached if not attached, please provide reason) Comments: Follow-Up Information Report Status:	TSI//GRA: Radiology Smears and Cultures: Date of Disposition: Reason Dispositioned:
"ests/Results: 0	ISI//GRA: Radiology: Smears and Cultures: Date of Disposition: Reason Dispositioned: MAR/DOT Log Attached:
Cests/Results: Cests/Results:	ISIT/IGRA: Radiology: Smears and Outlures: Date of Disposition: Reason Dispositioned: MAR/DOT Log Attached: Date Stopped:
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Tests/Results: Tests/Results:	IST//GRA: Radiology: Smears and Cultures: Date of Disposition: Reason Dispositioned: MAR/DOT Log Attached: Date Stopped: City:
Tests/Results: Tests/Results: Total and a stached defined and a stached defined attached, please provide reason) Tomments: Follow-Up Information Report Status: Treatment Status: Completing 18 Infection Regimen: If Patient Moved: Netfied New Jurisdic New Address: State/Province/Region:	IST//GRA: Radiology: Smears and Cultures: Date of Disposition: Reason Dispositioned: MAR/DOT Log Attached: Date Stopped: City: Zip Code: County:

NOTE: This form contains confidential patient information. Please comply with HIPAA regulations when sending this form Rev: 4/2022



Interjurisdictional TB Notification

TB Infection Continued Care (Not a Contact)

Client Information Last N	lame:	First Name:		Middle Name:	
Date of Birth: Country of Birth:	Sex at Birth: Prim	Gender Identity: Pary Language:	Race:	Interpreter Needed?	Ethnicity:
New Address:			City:		
State/Province/Region:		Zip	Code:	County:	
Phone 1:	Phone 2:	Email:			
Immigrant/Refugee Classification	EDN A#	Transfer Complet	e in EDN		
Alternate Contact Name: Additional Contact Information:		Relationship:		Phon	ne:



Date of Expected Arrival:

Treatment Status:	MAR/DOT Log Attached:
Starting TB Infection Regimen:	Date Started: Estimated Treatment Duration:
Date medication given for travel:	# of doses in hand for travel: Prescription Given:
Side Effects, Adherence, or Administration Problems:	
Tests/Results: TST/IGRA: Most recent results are attached	Radiology: Smears and Cultures:
(If not attached, please provide reason)	
Comments:	



Follow-Up Information	
Report Status:	Date of Disposition: Reason Dispositioned:
Treatment Status:	MAR/DOT Log Attached:
Completing TB Infection Regimen:	Date Stopped:
If Patient Moved: Notified New Jurisdiction New Address:	City:
State/Province/Region:	Zip Code: County:
Phone 1:	Phone 2: Email:
Comments:	



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.

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

Refer to online directory for list of state and big city TB programs:

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

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 forr
- TB Infection: one page summarizing person prescribed or started on LTBI treatment

For multiple persons: complete the relevant pages for each person and send vone 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 ensure receipt

Returning Follow-Up Information

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

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IJN Guide

Companion Guide - Process

Interjurisdictional TB Notification

Companion Guide

What is the Interiorisdiction TB Notification (IJN)?

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

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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
- Peturn to the preferred route of transmission (fax or email)

NTNC/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 .

Referring Local Jurisdiction

- Gather relevant documents;
- complete the IJN Form, using dropdowns to indicate which supporting documents are being attached;
- indicate the best point of contact regarding this IJN.

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Referring State / Big City / Territory Program

- Forward IJN as appropriate:
- facilitate requests for missing information and/or action.





Receiving State / Big City / Territory Program

- Forward IJN as appropriate and confirm receipt within five (5) business days;
- facilitate requests for missing information and/or action.





Receiving Local Jurisdiction

- Confirm receipt with Receiving State Program within two (2) business days;
- review IJN Form and supporting documents;
- direct subsequent requests/questions to the Referring Local Jurisdiction point of contact.



Companion Guide - Glossary

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		
Cultures(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 (Active/Evaluation for TB)	Adverse Effect of Medicine, Client Chose to Stop, Lost to Follow-Up, Moved, Death, Provider Decision, Other		
Immigrant/Refugee Classification	A, BO, 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 (Active/Evaluation for TB and Contact)	Follow-Up Completed, Declined Evaluation, Never Located, Lost to Follow-Up, Moved, Died, Other	
Reason Dispositioned (TB Infection)	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 (if culture positive)	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 (Active/Evaluation for TB)	Completed, Continuing, Started, Not Completed, Referred, N/A	
Treatment Status (Contact Referral)	Treatment Started, Needs Treatment, Window Prophylaxis Started, Needs Window Prophylaxis, Unknown/Needs Evaluation	
Treatment Status (Contact and TB Infection Follow-Up)	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 (TB Infection Referral)	Treatment Started, Needs Treatment	
TST/IGRA	Yes, No: Pending, No: Not Done	



National Tuberculosis Nurse Coalition (NTNC)
Society for Epidemiology in TB Control (SETC)
National Tuberculosis Controllers Association (NTCA)

www.tbcontrollers.org/resources/interjurisdictional-transfers



What is the Interjurisdiction TB Notification (IJN)?

The IJN 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.

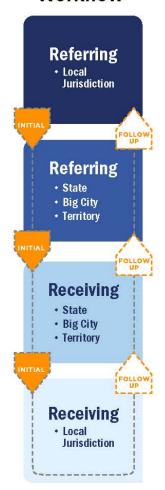
1 Within the form — hover over this symbol for clarification or a link to additional information

Refer to online directory for list of state and big city TB programs:

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



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 to the preferred route of transmission (fax or email)



NTNC/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

- Gather relevant documents;
- complete the IJN Form, using dropdowns to indicate which supporting documents are being attached;
- indicate the best point of contact regarding this IJN.





Referring State / Big City / Territory Program

- Forward IJN as appropriate;
- facilitate requests for missing information and/or action.





Receiving State / Big City / Territory Program

- Forward IJN as appropriate and confirm receipt within five (5) business days;
- facilitate requests for missing information and/or action.





Receiving Local Jurisdiction

- Confirm receipt with Receiving State Program within two (2) business days;
- review IJN Form and supporting documents;
- direct subsequent requests/questions to the Referring Local Jurisdiction point of contact.



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	
Cultures(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 (Active/Evaluation for TB)	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 (Active/Evaluation for TB and Contact)	Follow-Up Completed, Declined Evaluation, Never Located, Lost to Follow-Up, Moved, Died, Other	
Reason Dispositioned (TB Infection)	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	
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Transfer Complete in EDN	Yes, No	
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Treatment Status (TB Infection Referral)	Treatment Started, Needs Treatment	
TST/IGRA	Yes, No: Pending, No: Not Done	

Thank you Workgroup Members!

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Antoine Perrymon – Georgia

Ben Katz - Tennessee

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Diana Fortune – NTCA

Haley Blake - Las Vegas, NV

Heidi Behm - Oregon

India Solomon - North Carolina

Jenni Wheeler - North Carolina

Jenna Maturino - Arkansas

Karla Jenkins - Utah

Kathryn Yoo - Louisiana

Kimberly Townsend – Montgomery, MD

Laura Young - Virginia

Lori Johnston – Florida

Lisa Paulos - Maryland

Maria Lasley - Kentucky

Maureen Murphy-Weiss – Columbus, OH

Mia Rosario - Florida

Nadya Sabuwala - Minnesota

Noelene Jones - New York City, NY

Rose Young - Texas

Shona Smith - Michigan

Susan McElhany - Nevada





National Tuberculosis Controllers Association

What is an IJN?

The Interjurisdictional TB Notification (IJN) process is designed to facilitate consistent communication between US reporting areas to ensure continuity of care, contact investigations, and timely data sharing



Why the Form Update?

- Existing IJN form and follow-up form were last revised in 2015
- DTBE implemented additional variables to be collected on contacts
- Other potentially useful fields could be added
- Other fields possibly outdated, had error, or could be reworked



Who Made the Updates?

- Workgroup formed with representation from
 - NTNC (National TB Nurses Coalition)
 - SETC (Society for Epidemiology in TB Control)
 - NTCA's IJN Coordinator List (program contacts listed on the NTCA webpage)
- Co-Chairs
 - NTNC sitting President Maureen Murphy-Weiss
 - SETC sitting President Shona Smith
- NTCA Support
 - Diana Fortune



Process and Timing

