

# Active TB

I have no disclosures.

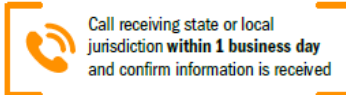
Permission was received from all local and state contacts named in the presentation.



# Active TB-Referral

## Interjurisdictional TB Notification Cover Sheet

Send with All Referrals/Follow-up

Type of Referral:  Active/Possible TB →  Call receiving state or local jurisdiction **within 1 business day** and confirm information is received

TB Contact

TB Infection

Online directory of state and big city TB programs: [www.tbcontrollers.org/community/statecityterritory/](http://www.tbcontrollers.org/community/statecityterritory/)

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

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

<b>Referring</b> • Local Jurisdiction	Name of Local Program: <input type="text" value="Wetmore TB Clinic"/>	City: <input type="text" value="New Orleans"/>	Date sent to Referring State: <input type="text" value="09/08/2021"/>
	County: <input type="text" value="Orleans"/>	State: <input type="text" value="Louisiana"/>	
<b>Referring</b> • State • Big City • Territory	Local Program Contact: <input type="text" value="Chris Brown"/>	Phone: <input type="text" value="504-826-2049"/>	Date sent to Receiving State/ Big City/Territory: <input type="text" value="09/09/2021"/>
	<input type="checkbox"/> Fax: <input type="text"/>	<input checked="" type="checkbox"/> Email: <input type="text" value="chris.brown@la.gov"/>	
<b>INITIAL</b>	<i>Check box above for preferred document transmission.</i>		
<b>INITIAL</b>	<i>Check box above for preferred document transmission.</i>		



# Active TB-Referral

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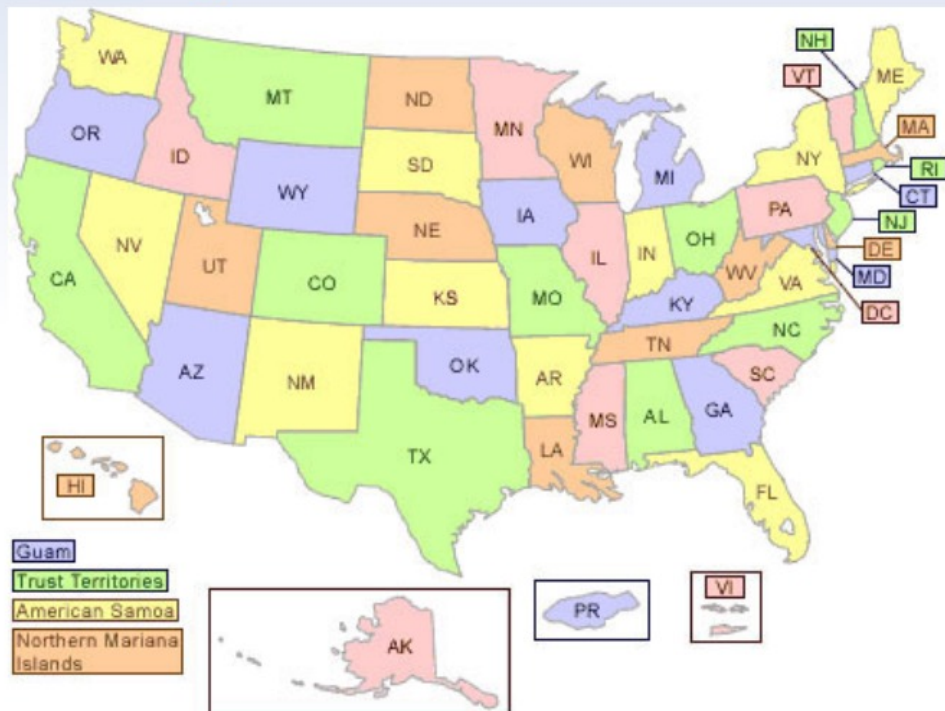
[State/Big City/Territory](#)

[Regional](#)

[National](#)

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## State, Big City, and Territory TB Program Contacts



# Active TB-Referral

## Interjurisdictional TB Notification

Active/Evaluation for Possible TB Disease

PAGE 1 OF 2

Referred for:  TB disease continued care  
 TB disease evaluation



Call receiving state or local jurisdiction within 1 business day and confirm information is received

Date of Expected Arrival:

09/10/2021

### 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:



# Active TB-Referral

**Diagnosis Verified by:** Culture Site of Disease: Extrapulmonary Specify extrapulmonary: Pleural, Pericardium

**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:** <sup>i</sup> TST/IGRA: Yes Radiology: Yes Smear(s): Yes NAAT: Yes  
Most recent results are attached (If not attached, please provide reason) Culture(s): Yes Susceptibilities (if culture positive): Yes

**Treatment Summary:** MAR/DOT Log Attached: No

Drug: Isoniazid	Dosage: 300	Therapy Admin: 5x wk DOT	Date Started: 06/19/2021	Date Stopped:
Drug: Rifampin	Dosage: 600	Therapy Admin: 5x wk DOT	Date Started: 06/19/2021	Date Stopped:
Drug: Pyrazinamide	Dosage: 800	Therapy Admin: 5x wk DOT	Date Started: 06/19/2021	Date Stopped:
Drug: Ethambutol	Dosage: 1000	Therapy Admin: 5x wk DOT	Date Started: 06/19/2021	Date Stopped: 08/10/2021
Drug:	Dosage:	Therapy Admin:	Date Started:	Date Stopped:
Drug:	Dosage:	Therapy Admin:	Date Started:	Date Stopped:

Current Medication Administration Method:  DOT  eDOT  SAT

Side Effects, Adherence, or Administration Problems: None

Estimated Treatment Duration: 9 months Last DOT dose administered on: 08/10/2021

Date medication given for travel: 08/10/2021 # of doses in hand for travel: 20 Prescription Given: No

**Comments:** Patient was on VDOT, last clinic visit and med pick was 8/10/2021; has enough doses for 2 weeks as of 08/27/2021  
Patient very concerned about disrupting treatment with evacuation, nervous about new doctor changing medications

# Active TB-Follow-up

<b>INITIAL</b> <b>Referring</b> <ul style="list-style-type: none"> <li>• State</li> <li>• Big City</li> <li>• Territory</li> </ul>	<b>FOLLOW UP</b>	Name of Program: <input type="text" value="Louisiana TB Control Program"/> Jurisdiction: <input type="text" value="State-Louisiana"/> Program Contact: <input type="text" value="Kathryn Yoo"/> Phone: <input type="text" value="504-568-8122"/> <input type="checkbox"/> Fax: <input type="text"/> <input checked="" type="checkbox"/> Email: <input type="text" value="kathryn.yoo@la.gov"/> <i>Check box above for preferred document transmission.</i>	Date sent to Receiving State/Big City/Territory: <input type="text" value="09/07/2021"/>
<b>INITIAL</b> <b>Receiving</b> <ul style="list-style-type: none"> <li>• State</li> <li>• Big City</li> <li>• Territory</li> </ul>	<b>FOLLOW UP</b>	Name of Program: <input type="text" value="North Carolina TB Program"/> Jurisdiction: <input type="text" value="State-NC"/> Program Contact: <input type="text" value="Jenni Wheeler"/> Phone: <input type="text" value="919-546-768"/> <input type="checkbox"/> Fax: <input type="text"/> <input checked="" type="checkbox"/> Email: <input type="text" value="jennifer.wheeler@dhhs.nc.gov"/> <i>Check box above for preferred document transmission.</i>	Date sent to Receiving Local: <input type="text" value="09/07/2021"/>
<b>INITIAL</b> <b>Receiving</b> <ul style="list-style-type: none"> <li>• Local Jurisdiction</li> </ul>	<b>FOLLOW UP</b>	Name of Local Program: <input type="text" value="Wake County Health Department"/> City: <input type="text" value="Morrisville"/> County: <input type="text" value="Wake"/> State: <input type="text" value="NC"/> Local Program Contact: <input type="text"/> Phone: <input type="text"/> <input type="checkbox"/> Fax: <input type="text"/> <input type="checkbox"/> Email: <input type="text"/> <i>Check box above for preferred document transmission.</i>	Follow-Up sent to: <input type="checkbox"/> Receiving State/Big City <input checked="" type="checkbox"/> Referring State/Big City <input type="checkbox"/> Referring Local Date Follow-Up sent: <input type="text" value="01/20/2022"/>

# Active TB-Follow-up

## Interjurisdictional TB Notification Follow-Up

Active/Evaluation for Possible TB Disease PAGE 2 OF 2

### Client Information

Last Name:  First Name:  Date of Birth:

### Follow-Up Information

Report Status:  Date of Disposition:  Reason Dispositioned:

If Disposition Other:

Evaluation:  Evaluation Outcome:

#### Tests/Results: ⓘ

Most recent results are attached  
(If not attached, please provide reason)

TST/IGRA:  Radiology:  Smear(s):  NAAT:

Culture(s):  Susceptibilities (if culture positive):

Treatment Status:  MAR/DOT Log Attached:  If not completed, provide reason:

If Active TB Disease: Counting Jurisdiction:  RVCT#:

If Patient Moved: Notified New Jurisdiction:

New Address:  City:

State/Province/Region:  Zip Code:  County:

Phone 1:  Phone 2:  Email:

#### Comments:

Wake County took over patient care 9/10/2022  
Last dose taken, 12/21/2021. Completion visit with MD 12/22/2021 and completion CXR taken 1/8/2022. MD reviewed CXR and advised patient can be closed to TB follow-up. Monthly labs, MD completion visit and CXR report all attached.



# IJN Referrals During a Natural Disaster

- Disaster Preparedness in Louisiana
  - Review disaster preparedness protocol with all patients during the first month of treatment and with all staff during the first month of hurricane season
  - When a potential storm is identified
    - All patients come into clinic and receive 2-4 weeks of medication
    - Asked about evacuation plans
  - After the storm
    - Contact and locate patients
    - Contact neighboring states
    - Staff with access to phones and internet send IJN forms for evacuated
    - Communication is key

