

Changes to NTCA IJN Form – July 2024

It is hard to believe that it has been 2 years since we updated the IJN form (August 2022). NTCA received lots of positive feedback on the new form including some suggestions to further improve the form. The IJN workgroup team got together and made the changes that were suggested.

Here is a synopsis of those changes.

1. **Branding with the new NTCA logo and color scheme.** The form will immediately “stand out” as dramatically different from any of the previous versions of the form. (Please throw out those “old” forms and transition to this new & improved version).

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, big city and territory TB programs: www.tbcontrollers.org/community/statacityterritory/

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/

Referring Local Jurisdiction

Name of Local Program: _____ City: _____
 County: _____ State: _____
 Local Program Contact: _____ Phone: _____ Date sent to Referring State: _____
 Fax: _____ Email: _____
Check box above for preferred document transmission.

Referring State Big City Territory

Name of Program: _____ Jurisdiction: _____ Date sent to Receiving State/Big City/Territory: _____
 Program Contact: _____ Phone: _____
 Fax: _____ Email: _____
Check box above for preferred document transmission.

Receiving State Big City Territory

Name of Program: _____ Jurisdiction: _____ Date sent to Receiving Local: _____
 Program Contact: _____ Phone: _____
 Fax: _____ Email: _____
Check box above for preferred document transmission.

Receiving Local Jurisdiction

Name of Local Program: _____ City: _____ Follow-Up sent to: _____
 County: _____ State: _____ Receiving Big City
 Local Program Contact: _____ Phone: _____ Receiving State
 Fax: _____ Email: _____ Referring Local
 Date Follow-Up sent: _____
Check box above for preferred document transmission.

NTCA National Tuberculosis Coalition of America (NTCA)

National Tuberculosis Coalition of America National Tuberculosis Nurse Coalition (NTNC)
 Society for Epidemiology in TB Control (SEITC)

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

NOTE: This form contains confidential patient information. Please comply with HIPAA regulations when sending this form. | Rev: 3/2024

2. Most of the changes occurred on the “TB Contact Investigation” page.

Interjurisdictional TB Notification

TB Contact Investigation

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Referral Reason: Location, evaluation Completion of evaluation (evaluation initiated, but the person moved) **Date of Expected Arrival:** _____

Referred for: Individual contact Expanded contact group

Referring TB Program requests Follow-Up information returned: (check all that apply) Preliminary Final See [Comments](#) below

Client Information

Last Name: _____ First Name: _____ Middle Name: _____

- a. At the top of the form the verbiage was changed to **referral reason** with radio buttons (you may only select **one** of the radio buttons).
- b. An extra line for **referred for** was added to include either individual contact and/or expanded contact group. You may check both of those buttons.
- c. A third line was added: **Referring TB program requests Follow-up Information returned – preliminary, final, see comments below.** You may check all that apply.

The screenshot shows a form with the following fields and options:

- Date of Last Exposure:** [text input]
- Contact Priority:** [text input]
- Type of Contact:** [dropdown menu]
- Index Case Sputum Smear Positive
- Index Case Sputum NAAT/Culture Positive
- Index Case Cavity on Radiology
- Index Case Drug Resistant:
- Initial TB Test:** [text input] **Date:** [text input] **Result:** [text input] **TST mm:** [text input] **Report Attached:** [text input]
- 8+ week Post-exposure Test:** [text input] **Date:** [text input] **Result:** [text input] **TST mm:** [text input] **Report Attached:** [text input]
- Radiology:** Yes [text input] No [text input] **Report Attached:** [text input]

The dropdown menu for **Type of Contact** is open, showing the following options:

- Household
- Non-household family
- Social
- Work
- School
- Health Care setting
- Correctional Setting
- Multiple sites - see comments

- d. In the dark blue box on the TB Contract Investigation Form we added a **Type of Contact** drop down box that includes the following choices:

- ◇ Household
- ◇ Non-household family
- ◇ Social
- ◇ Work
- ◇ School
- ◇ Health Care Setting
- ◇ Correctional Setting
- ◇ Multiple Sites – see comments

The screenshot shows a form with the following fields and options:

- Date of Last Exposure:** [text input]
- Contact Priority:** [text input]
- Type of Contact:** [dropdown menu]
- Index Case Sputum Smear Positive
- Index Case Sputum NAAT/Culture Positive
- Index Case Cavity on Radiology
- Index Case Drug Resistant: [text input]

- b. The next line includes **expanded information about the index case** with check boxes. You may check all that apply.
 - ◇ Index Case Sputum Smear Positive
 - ◇ Index Case Sputum NAAT/Culture Positive
 - ◇ Index Case Cavity on Radiology
 - ◇ Index Case Drug Resistant
- c. After this information is a solid blue line to indicate that the information below that line is for the referred patient.

e. We increased the TB CI portion to 2 pages to provide a maximum amount of “comments” space. Recognizing that CIs are very complicated and detailed information is needed. Please do continue to call the receiving jurisdiction to further clarify details. There is a total of 3,750 character limit combined in the two comments section of the form.

3. **TB Infection Continued Care (not a contact) page;** In the dark blue box area a check box was added for the referring jurisdiction to check that they called the receiving jurisdiction to verify if services for treating TB infection are available. Recognizing that some jurisdictions do not provide treatment for TB infection. If services are not provided at the receiving jurisdiction the referring site should work with the patient to ensure treatment is not interrupted.

Treatment Status: **Verified treatment services at receiving jurisdiction**

Starting TB Infection Regimen: Date Started: Estimated Treatment Duration:

Date medication given for travel: # of doses in hand for travel: Prescription Given: MAR/DOT Log Attached: