

Transfer Protocols – RVCT Reporting for Tuberculosis Patients that Move

(Revised July 2015)

I. Introduction

This document was created by the Tuberculosis Control Branch (TBCB) to assist local health jurisdictions in reporting TB cases that move before initiating or completing therapy. Local health jurisdictions are responsible for reporting TB cases that move, and unless otherwise noted, should report updated information to the TBCB Registry via the California Reportable Disease Information Exchange (CalREDIE).

The instructions below are for:

- [Referring Jurisdictions](#): You are a referring jurisdiction if the TB case was initially counted or being cared for by your jurisdiction at the time the patient moved.
 - [Transfer to another health jurisdiction in California](#)
 - [Transfer to another U.S. state](#)
 - [Transfer to another country](#)
- [Destination Jurisdictions](#): You are a destination jurisdiction if you receive a TB patient that has already been counted by another jurisdiction.
 - [Transfer from another health jurisdiction in California](#)
 - [Transfer from another U.S. state](#)
 - [Transfer from another country](#)

Additional information is provided regarding:

- [Creating a Summary Follow-Up 2](#)
- [Correctional Facility Patients who are Transferred, Paroled or Released](#)
- [Additional Resources](#)

II. Referring Jurisdiction Responsibilities

You are a referring jurisdiction if the TB case was initially counted or being cared for by your jurisdiction at the time the patient moved. When a patient moves out of your jurisdiction before completing therapy, you have several responsibilities to ensure continuity of care for the patient, including notifying the destination jurisdiction and forwarding the relevant medical records to them. It is also your responsibility to notify the TBCB Registry when a patient moves, using the steps below based on where the patient is moving.

Transfer to another health jurisdiction in California

1. **Complete an RVCT and Initial Drug Susceptibility Report** (Follow-Up 1, or FU-1) and submit them to TBCB via CalREDIE, if this has not already been done.
2. **Complete a Case Completion Report** (Follow-Up 2, or FU-2) following these instructions for documenting patient moves. Submit the Follow-Up 2 Report within **2 weeks** of a patient's move.
 - **Question 42.** Did the patient move before starting or during TB therapy: Select "Yes" and select "In state, out of jurisdiction." Also indicate the destination city and county. *Leave the Date Patient Received field blank* – this will be filled in by the destination jurisdiction.
 - **Question 43.** Date Therapy Stopped: Enter the date the patient stopped taking therapy for TB in your jurisdiction. Ideally, this would be the date the patient last ingested medicine in your jurisdiction as documented in a medical record. See the TB Registry Guidelines for more instructions for determining date therapy stopped. If the patient resumes treatment within California, the date therapy stopped will be updated by the receiving jurisdiction.
 - **Question 44.** Reason Therapy Stopped or Never Started: You may leave this field blank or select "Other." For patients that move within California, this field will be updated by the receiving jurisdiction. **"Other" should not be the final outcome for patients that move within California.**
 - In the **Comments** section at the bottom of the form, enter the patient's new address, including street, city, county, and phone number.
 - In CalREDIE, also enter the new address on the Patient tab. Click on the blue icon to the right of the Zip Code field. A new window will appear. Click "New" at the bottom of the window and enter the new address into the form. Check "Primary Address" and click "Save." This address will now display as the patient's current address.
3. **Transfer the incident in CalREDIE** to the destination jurisdiction.
 - a. Change the **primary jurisdiction** field on the Case Investigation tab to the destination jurisdiction. This will give that jurisdiction read/write access to the RVCT, so that they can update the record as needed. If you created the incident in CalREDIE, you will retain read access as the secondary jurisdiction. You can review the updated information entered by the destination jurisdiction.
 - b. Change the **process status** to "Jurisdiction Transfer" on the Case Investigation. This will allow the destination jurisdiction to easily identify any cases that have been transferred to them. Jurisdictions using ARNOLD (the CalREDIE Advanced Results Notification and Online Delivery system) can also configure the system to notify them of transferred cases based on the process status of Jurisdiction Transfer. [Contact CalREDIE Help \(CalREDIEHelp@cdph.ca.gov\)](mailto:CalREDIEHelp@cdph.ca.gov), or 866-866-1428) with questions regarding ARNOLD.

- 4. Notify the health department of the destination jurisdiction immediately** upon learning of a patient's impending departure from your jurisdiction. Use the National Tuberculosis Controllers Association (NTCA) using the following link: [NTCA Interjurisdictional TB Notification](http://www.tbcontrollers.org/docs/resources/IJN_Form_May2015.pdf) (http://www.tbcontrollers.org/docs/resources/IJN_Form_May2015.pdf), form for this purpose. In addition to the RVCT, FU-1 and FU-2 stored in CalREDIE, pertinent medical records should also be forwarded. To ensure that each case is only counted once, confirm with the jurisdiction that you have reported this case to TBCB. It is recommended that you contact the destination jurisdiction by telephone, as well as forwarding the records by mail, fax, or via CalREDIE. Record the date notification was made in the Comments section at the bottom of the FU-2.
- a. CalREDIE allows users to upload records (i.e. lab reports, chest x-rays, progress notes, other documentation of patient care) to the Electronic Filing Cabinet (EFC) using the Image Album. The destination jurisdiction will have access to these files once they accept the incident.
5. When the patient has completed therapy (or met another treatment outcome), the destination jurisdiction will update the FU-2 in CalREDIE to create a [summary FU-2](#). As the referring jurisdiction, you can view this information in CalREDIE. If you would like to maintain a FU-2 specific to your jurisdiction, save a copy in the EFC prior to transfer. Contact the TBCB Registry for assistance.
6. If the patient cannot be located by the destination jurisdiction, you will be asked by either the destination jurisdiction or the TBCB Registry for any further information on the patient's whereabouts. If the patient is not located by the destination jurisdiction, TBCB asks that you complete an updated FU-2 with "Lost" as the Reason Therapy Stopped or Never Started (Question 44).

Transfer to another U.S. state

1. **Complete an RVCT and Initial Drug Susceptibility Report** (Follow-Up 1, or FU-1) and submit them to TBCB via CalREDIE, if this has not already been done.
2. **Complete a Case Completion Report** (Follow-Up 2, or FU-2) following these instructions for documenting patient moves. Submit the Follow-Up 2 Report within **2 weeks** of a patient's move.
 - **Question 42.** Did the patient move before starting or during TB therapy: Select "Yes" and select "Out of state." Also indicate the destination state. *Leave the Date Patient Received field blank* at this time. It will be completed in the final [summary Follow-Up 2](#) or when you receive confirmation from the destination state.
 - **Question 43.** Date Therapy Stopped: Enter the date the patient stopped taking therapy for TB in your jurisdiction. Ideally, this would be the date the patient last ingested medicine in your jurisdiction as documented in a medical record. See the TB Registry Guidelines for more instructions for determining date therapy stopped. If the patient resumes treatment in another state, that jurisdiction will provide you with the final date of therapy.

- **Question 44.** Reason Therapy Stopped or Never Started: You may leave this field blank or select “Other.” The destination state should provide you with the final outcome. **“Other” should not be the final outcome for moves within the U.S.** If a final outcome is not documented, you will be requested to update the outcome during the regular Quality Control process.
 - In the **Comments** section at the bottom of the form, enter the patient’s new address, including street, city, county, and phone number.
 - In CalREDIE, also enter the new address on the Patient tab. Click on the blue icon to the right of the Zip Code field. A new window will appear. Click “New” at the bottom of the window and enter the new address into the form. Check “Primary Address” and click “Save.” This address will now display as the patient’s current address.
3. Ensure your jurisdiction maintains access to the record in CalREDIE. Report the move on the FU-2, but keep your jurisdiction as the primary jurisdiction so that you can make updates as necessary and document the final outcome. Your jurisdiction will be responsible for responding to the TBCB Quality Control inquiries for this patient and making the corrections in CalREDIE.
 4. **Notify the health department of the destination state immediately** upon learning of a patient’s impending departure from your jurisdiction. Use the [NTCA Interjurisdictional TB Notification](#) form for this purpose (http://www.tbcontrollers.org/docs/resources/IJN_Form_May2015.pdf). Copies of the RVCT, FU-1 and FU-2 and pertinent medical records must also be forwarded. To ensure that each case is only counted once, let the state know that you have reported this case to the TBCB and CDC. It is recommended that you contact the destination state by telephone, as well as forwarding the records by mail or fax. Record the date notification was made in the Comments section at the bottom of the FU-2.
 5. If the patient continued therapy in another state, **you are responsible** for collecting the information from the destination and ensuring complete reporting of the case, including documenting end of treatment in Q43 Date Therapy Stopped and Q44 Reason Therapy Stopped or Never Started. Complete the FU-2 following the instructions for documenting a [summary Follow-Up 2](#) (see page 7).
 6. If the patient cannot be located by the destination state, you will be asked by either the destination jurisdiction or the TBCB Registry for any further information on the patient’s whereabouts. If the patient is not located or accepted by the destination state, TBCB asks that you complete an updated FU-2 with “Lost” as the Reason Therapy Stopped or Never Started (Question 44).

Transfer to another country

1. **Complete an RVCT and Initial Drug Susceptibility Report** (Follow-Up 1, or FU-1) and submit them to TBCB via CalREDIE, if this has not already been done.
2. **Complete a Case Completion Report** (Follow-Up 2, or FU-2) following these instructions for documenting patient moves. Submit the Follow-Up 2 Report within **2 weeks** of a patient’s move.

- **Question 42.** Did the patient move before starting or during TB therapy: Select “Yes” and select “Out of the U.S.” Also indicate the destination country. Indicate if a transnational referral was made. Specify if the patient was referred to CureTB, TBNNet, or other type of transnational referral in the **Comments** section of the FU-2. *Enter the Date Patient Received as the date a referral was made.*
 - **Question 43.** Date Therapy Stopped: Enter the date the patient stopped taking therapy for TB in your jurisdiction. Ideally, this would be the date the patient last ingested medicine in your jurisdiction as documented in a medical record. See the TB Registry Guidelines for more instructions for determining date therapy stopped. If you receive treatment outcome information via a transnational organization, such as CureTB or TBNNet, you can update this date as applicable.
 - **Question 44.** Reason Therapy Stopped or Never Started: Select “Other.” If you receive treatment completion information via a transnational organization, such as CureTB or TBNNet, you can update the final outcome when documentation is received. **Only enter treatment completions or patient deaths**; all other outcomes should be left as “Other” and entered into the Comments section. Note that CureTB may differentiate between “cured” and “completed treatment”; both of these types of outcomes can be entered as a completion in Q44.
 - Beginning in 2015, TBCB will collaborate with CureTB and TBNNet to obtain confirmation of treatment outcomes on patients referred through these organizations. TBCB will check that treatment completions have been updated in CalREDIE and enter them if the LHJ has not already done so. All information received by TBCB from CureTB and TBNNet will be shared with the referring jurisdiction. If you receive documented outcome information from another source, you are responsible for entering that information into CalREDIE.
 - In the **Comments** section at the bottom of the form, enter the patient’s new address, if known.
3. Ensure your jurisdiction maintains access to the record in CalREDIE. Report the move on the FU-2, but keep your jurisdiction as the primary jurisdiction so that you can make updates as necessary. Your jurisdiction will be responsible for responding to the TBCB Quality Control inquiries for this patient and making the corrections in CalREDIE.
 4. Upon learning of a patient’s impending departure from your jurisdiction, **immediately notify the appropriate referral organization**, and provide copies of pertinent medical records and the RVCT, FU-1 and FU-2.
 - For moves to Mexico, Latin America or Canada, follow the [CureTB](http://www.curetb.org) (<http://www.curetb.org>) referral process
 - For moves to all other countries, it is recommended that LHJs refer their patients through [TBNNet](http://www.migrantclinician.org/services/network/tbnet.html) (<http://www.migrantclinician.org/services/network/tbnet.html>).
 - CDC also maintains a list of international contacts to use in referring patients out of the United States, see the [International tuberculosis program network](http://www.cdc.gov/tb/programs/international/default.htm) (<http://www.cdc.gov/tb/programs/international/default.htm>).

III. Destination Jurisdiction Responsibilities

You are a destination jurisdiction if you receive a TB patient that has already been counted by another jurisdiction. The previous jurisdiction should notify you that the patient is moving into your jurisdiction to continue therapy under your supervision. Follow the instructions below based on the original location of the patient to ensure complete reporting to TBCB.

Transfer from another health jurisdiction in California

1. Within 30 days, send the [NTCA Interjurisdictional TB Notification Follow-Up Form](http://www.tbcontrollers.org/docs/resources/IJN_FollowUpForm_November2014.pdf) (http://www.tbcontrollers.org/docs/resources/IJN_FollowUpForm_November2014.pdf) to notify the referring jurisdiction that you have located the patient, or that the patient could not be located.
 - The TBCB Patient Locating Service is available to assist local jurisdictions with locating lost patients. Contact Carol Greene at Carol.Greene@cdph.ca.gov or 510-620-3033 for more information.
2. Accept the TB incident transfer in CalREDIE to view the case information, including the RVCT. If the patient cannot be located, transfer the incident back to the referring jurisdiction so that they can update the record.
3. Complete the Follow-Up 2 paying particular attention to the steps below. The Follow-Up 2 should be submitted as a summary that combines the patient's experience in each jurisdiction that handled his or her case. See [Creating a Summary Follow-Up 2 Report](#) below for more details.
 - **Question 42.** Date Patient Received: Indicate the date your jurisdiction acknowledges that the case has been located or contacted in your jurisdiction.
 - **Question 43.** Date Therapy Stopped: Update this date when the patient meets a final treatment outcome. This will supersede the date (if any) entered by the referring jurisdiction.
 - **Question 44.** Reason Therapy Stopped or Never Started: Document the reason therapy was stopped or never started in your jurisdiction. This will supersede the reason entered by the referring jurisdiction. **“Other” should not be the final outcome for patients that move within California.** If a final outcome is not documented, you will be requested to update the outcome during the regular Quality Control process.

Note to all jurisdictions receiving patients from another California jurisdiction:

The Quality Control (QC) line listings provided by the TBCB Registry will include patients reportedly moved into your jurisdiction as indicated on the FU-2. Please update the Registry of the status of each patient who was reported to have moved into your jurisdiction. For example, indicate if a patient that moved into your jurisdiction was never found, has completed therapy, or moved again. This can be done directly in CalREDIE.

Transfer from another U.S. state

1. Within 30 days, send the [NTCA Interjurisdictional TB Notification Follow-Up Form](http://www.tbcontrollers.org/docs/resources/IJN_FollowUpForm_November2014.pdf) (http://www.tbcontrollers.org/docs/resources/IJN_FollowUpForm_November2014.pdf) to notify the referring state that you have located the patient, or that the patient could not be located.
 - The TBCB Patient Locating Service is available to assist local jurisdictions with locating lost patients. Contact Carol Greene at Carol.Greene@cdph.ca.gov or 510-620-3033 for more information.
2. When the patient is located, report a non-countable case to TBCB. Create a new incident and RVCT for the patient in CalREDIE. Re-enter the RVCT data from the referring state with the following exceptions:
 - **Questions 1, 2, 6.** Date Reported, Date Submitted, and Date Counted: These should be changed to reflect the patient's experience in your jurisdiction.
 - **Question 3.** Case Numbers:
 - Assign a California case number.
 - Enter the case number from the referring state in Linking State Case Number with reason code "3: Case Transferred from Another Reporting Area."
 - **Question 4.** Reporting Address: enter the patient's new address (city, county, zip code) in your jurisdiction
 - **Question 5.** Count Status: select "Verified Case: Counted in Another U.S. Area (state)."
3. Complete and submit the [summary FU-2](#) when the patient meets a treatment outcome. Send a copy of the FU-2 to the referring state, along with the final [NTCA Interjurisdictional TB Notification Follow-Up Form](#) (http://www.tbcontrollers.org/docs/resources/IJN_FollowUpForm_November2014.pdf).

Transfer from another country

A patient diagnosed in another country may be reported as a countable or non-countable case, depending on the situation. Please see the Recommendations for Reporting and Counting Tuberculosis Cases in the TB Registry Guidelines for more detail. The TBCB Registry can also assist you to determine how to report transfers from other countries.

IV. Creating a Summary Follow-Up 2 Report

For cases counted after January 1, 2010, the Follow-Up 2 report summarizes the entire length of treatment, including treatment received in multiple jurisdictions. TBCB recommends the following procedure for summarizing treatment on the FU-2:

1. Collect any FU-2s for the patient for therapy that was overseen by other jurisdictions. Initial FU-2s may have been entered in CalREDIE, saved in the Electronic Filing Cabinet, or faxed.
2. Create the summary FU-2 by combining the data from all FU-2 reports and records.

RVCT Question	Description
Q41.* Sputum Culture Conversion Documented	Record sputum culture conversion documented on any FU-2.
Q42. Moved	Document all patient moves indicated on FU-2s. If the form does not have space to document all of the patient moves, enter the earliest moves.
Q43.* Date Therapy Stopped	Record the final stop therapy date.
Q44.* Reason Therapy Stopped or Never Started	Record the reason therapy was stopped on the date in Q43 above.
Q45.* Reason Therapy Extended >12 Months	Select all reasons indicated on any FU-2s.
Q46. Type of Outpatient Health Care Provider	Select all types indicated on any FU-2s.
Q47. Directly Observed Therapy	Select response that appropriately summarizes all FU-2s. For example, if a patient received totally directly observed therapy (DOT) in one jurisdiction and totally self-administered therapy (SAT) in another, the summary FU-2 should indicate "Both Directly Observed and Self-Administered." DOT weeks = total number of DOT weeks combined from all FU-2s
Q48.* Final Drug Susceptibility Testing	Record final DST testing. If drug susceptibility testing was performed on multiple specimens, select one of the following for reporting, as best represent the results: the isolate associated with the primary site of disease, the final isolate from the major site of disease that yields the best or most information, or the final specimen that tested positive.
Q49.* Final Drug Susceptibility Results	Record final DST results. If drug susceptibility testing was performed on multiple specimens, select one of the following for reporting, as best represent the results: the isolate associated with the primary site of disease, the final isolate from the major site of disease that yields the best or most information, or the final specimen that tested positive.

*(Note: Only fields marked with a * should be updated for patients that move out of the country, if or when information is available.)*

V. Correctional Facility Patients who are Transferred, Paroled or Released

RVCT reporting requirements for this important group of patients are identical to those for non-correctional patients. If a resident of a correctional facility has been counted as a case of TB in your jurisdiction, see [Referring Jurisdiction Responsibilities](#) above. If a correctional TB patient who has already been reported by another jurisdiction is transferred, released or paroled into your LHJ before therapy is completed, see [Destination Jurisdiction Responsibilities](#) above. Designated correctional liaisons can assist you in identifying the location and treatment status for each correctional case of TB. TBCB Patient Locating Service is also available to assist local jurisdictions with locating lost patients. Contact Carol Greene at Carol.Greene@cdph.ca.gov or 510-620-3033 for more information.

For further information on the roles and responsibilities of LHJs and correctional facilities in ensuring continuity of care for TB patients in correctional facilities, please refer to CTCA's [Coordination of TB Prevention and Control by Local and State Health Departments and California Correctional Health Care Services](#) (<http://ctca.org/filelibrary/FinalCorrections2015.pdf>).

VI. Additional Resources

[NTCA Interjurisdictional Tuberculosis Notification Recommendations](#)

(https://archive.cdph.ca.gov/programs/tb/Documents/TBCB-SPM-NTCA_IJD-Recommendations.pdf)

TB Program contacts:

[California Tuberculosis Controllers Association \(CTCA\)](#) (<http://ctca.org>)

[State, Big City, and Territory TB Program Contacts](#)

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

International referral organizations & contacts:

[CureTB](#) (<http://www.curetb.org>)

[TBNet](#) (<http://www.migrantclinician.org/services/network/tbnet.html>)

[CDC International TB contacts](#) (<http://www.cdc.gov/tb/programs/international/default.htm>)

For questions or assistance with any TB patients that move:

TBCB Registry

TBCBRegistry@cdph.ca.gov

(510) 620-3026