

	Needed Communication between Local Health Departments (LHDs) and the TB & Newcomer Health Programs – 07/2019				
	What	When	How	To Whom	
All TB Cases	Reporting of Presumptive TB and Cases	Within three days of learning about a new presumptive or confirmed case, complete the “Initial Notification” via REDCap	Online via electronic REDCap portal	Initial Notification to VDH TB Program of New Active Presumptive/Confirmed Case	
	Contact Investigation Lists (TB 502 forms - found on TB website)	<ul style="list-style-type: none">4 weeks – submit initial 502 online via REDCap,Final submission – after all on Tx for LTBI are complete, treatment stopped or lost to f/u	Fax	TB Program Fax: (804) 371-0248	
	Completion of Treatment Form (found on TB website)	Within 1 week of completion to TB treatment; include calculation of weeks of effective regimen taken	Fax	TB Program Fax: (804) 371-0248	
	Review and correct RVCT form (Report of Verified Case of TB) at case completion	Within 10 days of receipt (arrives to you by mail from state office after treatment completion)	Fax; DO NOT MAIL BACK	Donna Asby-Green: (804) 864-7907 Fax: (804) 371-0248	
When TB Situation Occurs	Reporting of any case resistant to rifampin	As soon as identified. Call to discuss & for potential referral to TB Medical Consultant. <u>Review REQUIRED PRIOR to treatment cessation.</u>	Call main TB Program number or TB nurse consultant	TB Nurse Consultant: Amanda Khalil (804) 864-7589 Or TB main number (804) 864-7906 Fax: (804) 371-0248	
	To report clients on alternate drug regimens (only if NOT already discussed in a request for 2 nd line drug program)	As soon as alternate regimen started or under discussion. <u>Review REQUIRED PRIOR to treatment cessation if regimen does not contain a rifamycin.</u>			
	Report of presumptive/confirmed case in Special Setting (jail, correction, LTC, homeless shelter, etc.)	When identified.	Call, fax, or email		
	To report adverse reaction	Complete Adverse Reaction Form as soon as adverse reaction is identified (form found on TB website)	Call and fax report		
	To initiate legal proceedings for court ordered isolation	If client is violating isolation agreement, has repeatedly been counseled re: isolation and continues to expose others	Call main TB Program number or TB nurse consultant		
	For concerns about travel while infectious	If client expresses plan to travel by common carrier (air, bus, train) while still infectious			
	If treatment is stopped prior to expected completion date OR client is missing/lost.	If client refuses or takes treatment irregularly, or clinician decides to stop therapy before established course is complete	Call and fax		
	Request for transfer of care internationally into US care	If contacted by an out of country TB program or TB client requesting transfer of care	Call main TB Program number or TB nurse consultant		
	Interjurisdictional and International Notifications; Presumptive TB, Cases, Contacts, LTBI in need of f/u in another jurisdiction	Reports to another state must come through the state TB Program. OK to contact directly, but form must come through this office. When notification is within VA, OK to handle locally.	Use forms on TB website and Fax		Donna Asby-Green (804) 864-7907 Fax: (804) 371-0248
	Emergency Evacuation Planning Form – for imminent emergency, e.g. natural disaster; (form on TB website)	In case of evacuation of district TB cases to shelters in other localities; complete one form per client and fax ASAP before evacuation	Fax		TB Program Fax: (804) 371-0248
Newcomer	Completed Immigrant Evaluations (“goldenrod” forms)	Within 45 days of receipt; Do not hold for final sputum culture results	Fax	Kirthi Bondugula (804) 864-7910 Fax: (804) 864-7913	
	Completed Initial Refugee Assessment	Within 30 days of arrival; no later than 90 days after arrival	Fax	Kirthi Bondugula (804) 864-7910 Fax: (804) 864-7913	

What	When	How	To Whom
TB Infection Reporting	Forward reports from community providers to VDH TB Program upon receipt. LHDs should report diagnosis of TB infection made by a Health Department clinician if a TST was used as IGRAs will be reported automatically through electronic lab reporting.	Encrypted email, Fax, Electronic Epi-1	Laura Young Laura.r.young@vdh.virginia.gov Fax: (804) 371-0248 Electronic Epi-1
Questions about TB case-management	For input on case management, contact investigation, standard recommended treatment options, alternate regimens, isolation questions, length of treatment, program guidelines, TB/HIV co-infection, etc.; anything in CDC guidelines	Call main TB Program number or TB nurse consultant	TB Nurse Consultant: Amanda Khalil (804) 864-7589 Or TB main number (804) 864-7906
Referral to VA TB Medical Consultant or GTBI Medical Consultation	Delayed smear conversion by 2 months, RIF resistant, decline after improvement, complex co-morbidities and/or medication regimens, and as needed. VA TB Medical Consultants are used for MDR/XDR cases, HIV co-infection, and pediatric cases.		
Request for Serum TB Drug Levels	Immediately for diabetics (NIDDM, IDDM, and “diet controlled”) For any client after persistently smear positive, not clinically improving or decline after improvement If a second drug level is requested; new approval is needed.		
Request for GeneXpert – rapid test, to be done if sputum AFB smear negative	If presumptive TB is in congregate setting or special circumstances on a case-by-case		
Request for molecular drug sensitivities	If drug resistance suspected, especially if foreign-born from country with high drug resistance rate, pending international travel, contact of drug resistant case		
Second-line Drug Program Requests	To access funding for 2 nd line drugs if drug resistant or intolerant; contacts of DR cases are also eligible		
CURE TB or TB Net (Migrant Clinician’s Health Network) information	For clients leaving the U.S. to any country; includes consent form and case information		
Alternative Housing Program Incentives and Enablers requests	Limited financial assistance for TB suspects and cases in isolation	Call and Fax	Nick Jenkins (804) 864-7921 Or TB Nurse Consultant Fax: (804) 371- 0248
Reimbursement for client co-pays for TB drugs	Collect receipts including client name, drug name, dose, # of pill/tabs, date; B6 should be obtained over-the-counter as price is cheaper		
Refugee Screening or Immigrant Screening	Questions re: refugee location, screening, billing, etc. or questions re: immigrant screenings	Call	Jill Grumbine: (804) 864-7911 or Kirthi Bondugula: (804) 864-7910
Request for Genotyping Information	To request genotyping Information on clients with known epi –links to other TB cases	Call or email	Laura Young Laura.r.young@vdh.virginia.gov (804) 864-7922
Request for Surveillance Data	To request surveillance data not on the TB website, including case count, case definition, or RVCT variable definitions		
VET (Video Enhanced Therapy)	Client must first be approved by TB Control. Please ensure client has access to an appropriate device and software can be downloaded.	Call or email	TB Nurse Consultant or Kimani Burney: (804) 864-7916