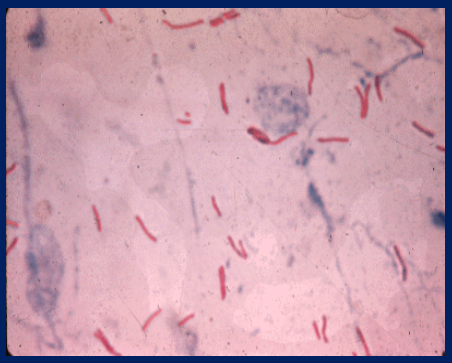

Virginia Tuberculosis Control Laws Guidebook 2014

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Virginia Tuberculosis Control Laws Guidebook
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Introduction

About the Virginia Tuberculosis Control Laws Guidebook

Virginia's tuberculosis (TB) control laws were amended in 2001 in order to better control the spread of TB and to help prevent the emergence of drug-resistant TB in the Commonwealth. These laws address the treatment and containment of **active tuberculosis disease** ("active TB disease").

To illustrate the application of these laws, this guidebook is organized into the following sections:

- Introduction
- Overview of TB Control Laws
- Enforcement of TB Control Laws
- TB Reporting and Planning
- Appendices of Forms and Resources.

According to Centers for Disease Control and Prevention Guidelines (CDC), the responsibility for successful treatment of any patient with active TB disease rests with the public health program and provider rather than the patient. This Virginia Tuberculosis Control Laws Guidebook 2014 is intended as a resource for local health directors, heads of medical facilities, nurses, infection control practitioners, and private physicians in fulfilling public health responsibilities in the care and treatment of those with active TB disease within the Commonwealth of Virginia.

NOTE	Throughout this guidebook, references are made to particular sections of the Code of Virginia (e.g., § 32.1-50). Web site links for the referenced sections of the Code of Virginia can be found in the Overview of Tuberculosis Control Laws section.

The Role of the Virginia Tuberculosis Control and Prevention Program

The Virginia Department of Health (VDH), Division of Disease Prevention, Tuberculosis Control and Prevention Program, acts as a liaison between the different entities involved in the implementation of the Virginia TB control laws (*e.g.*, local health directors, private physicians, the State Health Commissioner, etc.) and coordinates all actions taken under the enforcement of these laws. The Division of Disease Prevention, Tuberculosis Control and Prevention Program, provides necessary guidance and should be contacted with questions regarding the Virginia TB control laws.

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Tuberculosis Control and Prevention Program
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Richmond, VA 23219
Telephone: 804-864-7906
Fax: 804-371-0248
Website: www.vdh.virginia.gov/TB

A Note on Documentation

Many of the orders and other actions detailed in this guidebook rely on documentation (e.g., documenting efforts to counsel a potentially infected individual about TB and documenting a patient's adherence to treatment, etc.). Although there are no preprinted forms or official guidelines for how such documentation should be maintained (apart from required reporting forms), it is important to understand that this documentation is an integral part of TB control and is used to support both the patient's treatment, as well as the implementation of the TB control laws.

Disclaimer

Please note laws and regulations can be changed, revised, or amended at any time. The contents of this guidebook do not take the place of appropriate legal advice. Please consult the current *Code of Virginia* and State Board of Health regulations for up-to-date information. If you have any questions regarding the Virginia TB control laws, the regulations of the State Board of Health, or their application, you should contact VDH, Division of Disease Prevention, Tuberculosis Control and Prevention Program, or seek the guidance of an attorney.

Overview of Tuberculosis Control Laws

Virginia's Tuberculosis Control Laws

The Virginia TB control laws can be viewed online:

§ 32.1-48.01	Definitions: http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-48.01
§ 32.1-48.02	Investigations of verified reports or medical evidence; counseling; outpatient and emergency treatment orders; custody upon emergency order: http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-48.02
§ 32.1-48.03	Petition for hearing; temporary detention: http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-48.03
§ 32.1-48-04	Isolation hearing; conditions; order for isolation; right to appeal: http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-48.04
§ 32.1-49	Tuberculosis required to be reported: http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-49
§ 32.1-49.1	Definitions: http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-49.1
§ 32.1-50	Examination of persons suspected of having active tuberculosis disease; reporting; report forms; report schedule; laboratory reports and required sample submissions: http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-50
§ 32.1-50.1	Treatment plan; submission of plan and mediation of disagreements; of cure: http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-50.1

The complete *Code of Virginia* is available online at: http://lis.virginia.gov/000/src.htm.

The Commonwealth of Virginia State Board of Health Regulations for Disease Reporting and Control web resource is available at: http://www.vdh.virginia.gov/Epidemiology/Regulations.htm.

The Purpose of the Tuberculosis Control Laws

Virginia's TB control laws address the need for specific and detailed TB control measures, as the likely consequences of failure to deliver successful treatment are drug resistance, continued transmission of *Mycobacterium tuberculosis*, and, potentially increasing organ damage and death. These TB control measures are intended to:

- Effectively identify cases of active TB disease as quickly as possible
- Implement appropriate and immediate treatment for cases of active TB disease
- Establish legal guidelines under which TB treatment is followed and completed
- Establish guidelines for timely and efficient reporting of TB cases and lab results
- Prevent the development and spread of drug-resistant TB.

To meet these goals, the Virginia TB control laws empower health authorities to:

- Activate protocols to address the possible threat of TB to the public health
- Provide appropriate resources to help people with active TB disease follow and complete the prescribed treatment regimen
- Restrict the movements of persons with active TB disease who are unable or unwilling to follow instructions and orders issued by VDH and/or a private physician in the event that prior legal measures to protect the public health have failed.

Legal and Clinical Definitions of Active Tuberculosis Disease

This subsection explains the differences between the legal and clinical definitions of active TB disease. While legal definitions are used in the execution of the measures of escalating authority (*e.g.*, outpatient treatment order, emergency order, etc.), clinical definitions are used during the course of treatment.

Legal Definitions of Tuberculosis as Defined in § 32.1-49.1

"**Active tuberculosis disease**" (also "active TB disease") means a communicable disease caused by an airborne microorganism and characterized by the presence of either (i) a specimen of sputum or other bodily fluid or tissue that has been found to contain tubercle bacilli as evidenced by culture or other definitive diagnostic test as established by the State Health Commissioner, (ii) a specimen of sputum or other bodily fluid or tissue that is suspected to contain tubercle bacilli as evidenced by smear and sufficient clinical and radiographic evidence of active tuberculosis disease is present as determined by a physician licensed to practice medicine in the Commonwealth, or (iii) sufficient clinical and radiographic evidence of active tuberculosis disease as determined by the State Health Commissioner is present, but a specimen of sputum or other bodily fluid or tissue containing or suspected to contain tubercle bacilli is unobtainable.

"**Tubercle bacilli**" means disease-causing organisms belonging to the *Mycobacterium tuberculosis* complex and includes *Mycobacterium tuberculosis*, *Mycobacterium bovis*, *Mycobacterium africanum*, or other members as established by the State Health Commissioner.

"**Tuberculosis**" means a disease caused by tubercle bacilli.

Clinical Definition of TB Disease

Diagnosis of active TB disease is based on history, symptoms, bacteriological studies, radiography, physical findings, and tuberculin skin test or interferon gamma release assay (IGRA) blood test results. A diagnosis of active TB disease may be considered for any patient who has:

- A persistent cough (i.e., a cough lasting for > 3 weeks), and
- Other signs or symptoms compatible with active TB disease (e.g., bloody sputum, night sweats, weight loss, anorexia, or fever).

Active TB disease is strongly suggested by:

- Diagnostic evaluation revealing acid-fast bacilli (AFB) in sputum, or
- Chest radiograph suggestive of TB, or
- Symptoms highly suggestive of TB.

Culture identification of *M. tuberculosis* in body secretions or tissues renders a definitive diagnosis of active TB disease.

Legal Definition of Presence of TB Disease as defined in § 32.1-50.1.E

Once established in a person, active TB disease shall be considered present until **both** of the following conditions are met:

- The person has received a complete and adequate course of anti-TB drug therapy as established by the State Health Commissioner in accordance with guidelines developed by the American Thoracic Society and Centers for Disease Control and Prevention; and
- Three successive cultures of specimens of sputum or other bodily fluid or tissue collected at intervals of no less than 1 week, or other definitive diagnostic test as established by the State Health Commissioner, demonstrate no viable tubercle bacilli;

or until:

- The State Health Commissioner or designee determines the clinical, laboratory, or radiographic evidence leads to a diagnosis other than active TB disease.

Clinical Definition of TB Infectiousness

Patients who have suspected or confirmed active TB disease should be considered **infectious** if they:

- Are coughing or are undergoing cough-inducing procedures, or
- Have positive AFB sputum smears, or
- Show cavitation on chest radiograph

and if they:

- Are not on chemotherapy, or
- Have just started chemotherapy, or
- Have a poor clinical or bacteriologic response to chemotherapy.

Infectiousness appears to decline very rapidly after adequate treatment is started, but how quickly infectiousness declines varies from patient to patient. Decisions about infectiousness should be made on an individual basis.

A patient who has drug-susceptible TB can be considered **non-infectious**, and isolation may be discontinued when:

- There is little likelihood of multi-drug-resistant TB (e.g., no known exposure to multi-drug resistant TB and no history of prior episodes of TB with poor or unknown compliance during treatment).
- The patient has been receiving adequate treatment for 2-3 weeks and has demonstrated complete adherence to treatment.
- The patient has demonstrated clinical improvement (e.g., reduction of cough, reduction of the grade of the sputum AFB smear results, and resolution of fever).

and if

- All contacts have been identified, evaluated, and, if indicated, started on treatment for latent TB infection.
- For patients residing or returning to a congregate settings (e.g., homeless shelter, detention facility, or nursing home), three consecutive AFB-negative smear results from sputum specimens collected > 8 hours apart are required to be considered non-infectious.

These criteria are considered general guidelines. Decisions on any given individual patient should be made based on the probability for drug resistance if susceptibility results are not known; the extent of the illness; and the specific nature and extent of contact between the patient and others.

Other Legal Definitions as Defined in § 32.1-48.01

"**Appropriate precautions**" means those specific measures which have been demonstrated by current scientific evidence to assist in preventing transmission of a communicable disease. Appropriate precautions will vary according to the disease. (**Note**: Please contact the Virginia Tuberculosis Control and Prevention Program for detailed information on specific precautions.)

"**At-risk behavior**" means engaging in acts which a person, who has been informed that he is infected with a communicable disease of public health significance, knows may infect other persons without taking appropriate precautions to protect the health of the other persons (*e.g.*, failure to follow a prescribed course of treatment; failure to comply with isolation recommendations; failure to wear appropriate mask as instructed, etc.).

"**Communicable disease of public health significance**" means an illness of public health significance, as determined by the State Health Commissioner, caused by a specific or suspected infectious agent that may be transmitted directly or indirectly from one individual to another.

"**Communicable disease of public health significance**" shall include, but may not be limited to, infections caused by human immunodeficiency viruses, blood-borne pathogens, and tubercle bacillus. The State Health Commissioner may determine that diseases caused by other pathogens constitute communicable diseases of public health significance. Further, "a communicable disease of public health significance" shall become a "communicable disease of public health threat" upon the finding of the State Health Commissioner of exceptional circumstances pursuant to Article 3.02 (§ 32.1-48.05 et seq.)

Enforcing the Virginia Tuberculosis Control Laws

Protecting the Public Health

Virginia's TB control laws enable health officials to activate a series of measures of escalating authority. These measures address individuals with active TB disease whose failure to follow treatment puts them at high risk of developing drug-resistance and transmitting the disease to others. Each of these orders is discussed in detail in the following section:

- An **examination request** may be issued by the local health director, the State Health Commissioner or designee.
- A **counseling order** may be issued by the State Health Commissioner or designee, or by local health directors as delegated by the State Health Commissioner.
- An **outpatient treatment** order may be issued by the State Health Commissioner or designee, or by local health directors as delegated by the State Health Commissioner. Any disagreement regarding the treatment plan will be resolved by the State Health Commissioner.
- An **emergency order** may only be issued by the State Health Commissioner.
- While the emergency order is in effect, the State Health Commissioner will prepare for the isolation hearing, which may result in **court-ordered isolation**.

Any action the local health director may take also may be initiated by the State Health Commissioner. Determining which of the above measures is to be used must be based on a process that ensures that the needs and rights of the patient, as well as those of the public, are met.

TB Reporting and Planning

The TB control laws also address the required reporting process for treating physicians, medical facilities, and laboratories. Efficient and prompt reporting of TB cases, treatment information, and laboratory results is a key factor in effective TB control. In addition, laboratories are required to submit a viable sample from all cultures identified with *M. tuberculosis complex* to the Virginia Department of General Services, Division of Consolidated Laboratories (see **Appendix B**).

For patients undergoing inpatient treatment, the physician, the hospital or other health care facility is required to submit a treatment and discharge plan to the local health director for approval prior to release from the facility. In the case of outpatient treatment, the local health director may request to have the treatment plan submitted for review and approval.

A treatment plan is required for all patients with confirmed TB disease and suspected TB disease. Whenever treatment has been started—even treatment based solely on suspicion of active TB disease—a treatment plan must be in place. The treatment plan must be submitted to, and approved by, the local health director prior to discharge from any medical facility, correctional center, or other similar facility, even for patients who have suspected TB disease.

Rights of People with Active Tuberculosis Disease

- A person will not be physically forced to swallow medication.
- All warnings and orders will be in a language the person can understand.
- Any action (*e.g.*, a counseling order or order for treatment) will be supported by proper documentation.
- If ordered to appear before the court, the person shall be informed of his/her right to representation by counsel.
- A person who cannot afford legal counsel will have it provided for him/her.
- A person subject to a court order has the right to appeal.
- Neither the State Health Commissioner nor any local health director shall disclose to the public the name of any person reported.

Immunity from Liability (§ 32.1-38)

Anyone making a report under the guidelines of Virginia's TB control laws is immune from civil liability or criminal penalty unless he/she has acted with gross negligence or malicious intent. Neither the State Health Commissioner nor any local health director will publicly disclose the name of anyone making such a report or the name of anyone reported.

Protecting the Public Health

Issuing an Examination Request (§ 32.1-50)

Scope
If a local health director suspects that a person has active TB , the local health director may issue an examination request. The examination request advises the person to be examined immediately to ascertain the presence or absence of active TB disease.

The person may choose to have this examination performed by a licensed physician at his/her own expense with prior approval from the local health director. The person also has the option of having the examination performed by the local health director or other health department clinician at no cost.

Criteria
Prior to issuing an examination request, the local health director must be able to document that the person has, or is suspected of having, active TB disease as defined by the Virginia TB control laws.

Elements of an Examination Request
The examination request must contain the following information:

- The name of the person being issued the examination request.
- The basis on which the local health director believes that the person has, or is suspected of having, active TB disease, as defined by the Virginia TB control laws.
- The medical and legal consequences of failing to be examined.
- The period of time the request is in effect. This time period may not exceed the minimum necessary to make a medical determination of the person's condition.
- Where, when, and by whom the examination for TB should be performed.

Process Summary
An examination request may be issued by the local health director, who will:

1) Determine if the necessary criteria for an examination request have been met.
2) Call the Virginia Tuberculosis Control and Prevention Program for guidance and to indicate that this process is under way.
3) Write an examination request that includes the required information elements. An examination request form letter is available from the Virginia Tuberculosis Control and Prevention Program website at: http://www.vdh.virginia.gov/tb/ResourcesforLHDinVA.htm.
4) Determine the most effective means of delivering the request. Possible options include registered or certified mail and delivery by local health department staff or state or local law enforcement officials.

5) Any licensed physician providing an examination under an official Examination Request (§ 32.1-50) must provide a written report of findings to the local health director who issued the request. An examining physician who does not find evidence for a positive TB diagnosis in a person under an examination request may use the **Negative Diagnosis Form** included in **Appendix A** to document the findings.

NOTE	If a person with suspected or confirmed active TB disease, as defined by the Virginia TB control laws, fails to comply with the examination request, a counseling order and/or an outpatient treatment order may be considered.

Issuing a Counseling Order (§ 32.1-48.02)

Scope

The local health director may issue a counseling order to any person who has active TB disease, as defined by the Virginia TB control laws, who is believed to know that he/she is infected with a communicable disease and who is engaging in at-risk behavior, thus endangering the public health.

Criteria

Prior to issuing a counseling order, the local health director must be able to document that:

- The person has active or suspected TB disease, as defined by the Virginia TB control laws.
- The person is engaging in at-risk behavior.

Elements of a Counseling Order

The counseling order must contain the following information:

- The name of the person being issued the counseling order.
- The basis on which the local health director has determined that the person has or is suspected of having active TB disease, as defined by the Virginia TB control laws.
- The basis on which the local health director believes the person is engaging in at-risk behavior, including inability or unwillingness to follow the prescribed course of treatment.
- The medical and legal consequences of failing to comply.
- Where, when, and to whom the person is ordered to report for counseling.
- The elements of a counseling order may be combined into the elements of an outpatient treatment order.

Process Summary

A counseling order may be issued by the local health director, who will:

1) Determine if the necessary criteria for a counseling order have been met.
2) Call the Virginia Tuberculosis Control and Prevention Program for guidance and to indicate that this process is under way.
3) Write a counseling order that includes the required information elements. A counseling order form letter is available from the Virginia Tuberculosis Control and Prevention Program website at: http://www.vdh.virginia.gov/tb/ResourcesforLHDinVA.htm
4) Determine the most effective means of delivering the order. Possible options include registered or certified mail and delivery by local health department staff or state or local law enforcement officials.

Intensive educational efforts must be initiated as soon as the patient is suspected of having TB. The patient should be given information about TB and counseled on expected outcomes of treatment, the benefits and possible adverse effects of the drug regimen, methods of supervision including the program standard of directly observed therapy (DOT), assessment of response, and infectiousness and infection control. The medication regimen must be explained in simple language and must be supplemented by written instructions. Materials should be appropriate for the culture, language, age, and reading level of the patient.

Issuing an Outpatient Treatment Order (§ 32.1-48.02.C)

Scope

The local health director may issue an outpatient treatment order to any person who has active TB disease as defined by the Virginia TB control laws and who is unable or unwilling to adhere to a prescribed treatment regimen, thereby endangering the public health.

Criteria

Prior to issuing an outpatient treatment order, the local health director must be able to document that:

- The person has active or suspected TB disease, as defined by the Virginia TB control laws.
- The person has been counseled about the need to complete treatment and about the medical and legal consequences for failing to adhere to treatment.
- The person has refused or failed to adhere to a prescribed course of treatment.
- Despite counseling efforts, the person is engaging in behavior that places uninfected persons at risk.
- The element of an outpatient treatment order may be combined into the elements of a counseling order.

Elements of an Outpatient Treatment Order

The outpatient treatment order must contain the following information:

- The name of the person being issued the outpatient treatment order.
- The basis on which the local health director believes that the person has active TB disease—include the name of the examining physician and the date of the examination.
- The basis on which the local health director believes the person is unwilling or unable to adhere to a prescribed course of treatment.
- Documented efforts to counsel the person about the need to complete treatment and about the medical and legal consequences for failing to adhere to treatment.
- The basis on which the local health director believes that, despite counseling, the person is engaging in conduct that unreasonably places uninfected persons at risk of contracting TB.
- The course of action being ordered, including where and when the person is to report for testing and/or treatment, requirements for DOT, and mandatory compliance with regular evaluations, including collection of sputa.
- Notice of legal consequences for failure to comply with the outpatient treatment order.

Process Summary

An outpatient treatment order may be issued by the local health director, who will:

1) Determine if the necessary criteria for an outpatient treatment order have been met.
2) Call the Virginia Tuberculosis Control and Prevention Program for guidance and to indicate that this process is under way.
3) Write an outpatient treatment order that includes the required information elements. An outpatient treatment order form letter is available from the Virginia Tuberculosis Control and Prevention Program website at: http://www.vdh.virginia.gov/tb/ResourcesforLHDinVA.htm
4) Determine the most effective means of delivering the order. Possible options include registered or certified mail and delivery by local health department staff or state or local law enforcement officials.

Issuing an Emergency Order (§ 32.1-48.02)

Scope

If the local health director determines that a person with active TB disease is engaging in at-risk behavior and poses an imminent threat to the health of others, the State Health Commissioner may issue an emergency order to have that person taken into temporary custody—in the least restrictive, willing facility providing protection of the health of others and appropriate treatment—for a period not to exceed 48 hours.

NOTE	The emergency order is the most extreme enforcement of the TB Control Laws to protect the public health. It is used rarely and only when prior measures have been exhausted and the person with active TB disease continues to exhibit behavior that poses a threat to the health of others.

	Time frame for custody If the specified 48-hour period terminates on a Saturday, Sunday, or legal holiday, such person may be detained until the next day which is not a Saturday, Sunday, or legal holiday (§ 32.1-48.02.D).

Criteria

Prior to issuing an emergency order, the local health director must be able to **document** that:

- The person has active TB disease, as defined by the Virginia TB control laws.
- The person has been counseled about the need to complete treatment and about the medical and legal consequences for failing to adhere to treatment.
- Despite counseling, the person is engaging in conduct that unreasonably places uninfected persons at risk of contracting TB.
- Medical data demonstrate that the person poses an imminent threat to the health of others.

The local health director must also ensure that <u>one of the following</u> conditions has been met:

- The person has refused or failed to report to the local health department after having been ordered to do so for appropriate outpatient treatment and education (counseling order or outpatient treatment order).
- The person has a documented history of failure to adhere to a prescribed course of treatment.
- The person has indicated that he/she will not comply with the prescribed treatment.

Elements of an Emergency Order
The emergency order must contain the following information:

- The name of the person being issued the emergency order.
- The basis on which the local health director believes that the person has active TB disease—include the name of the examining physician and the date of the examination.
- The basis on which the local health director believes the person is unwilling or unable to adhere to a prescribed course of treatment.
- Documented efforts to counsel the person about the need to complete treatment and about the medical and legal consequences for failing to adhere to treatment.
- The basis on which the local health director believes that, despite counseling, the person is engaging in conduct that unreasonably places uninfected persons at risk of contracting TB.
- Medical data demonstrating that the person poses an imminent threat to the health of others.

Process Summary
An emergency order may be issued only by the State Health Commissioner.

1) The local health director serves as the primary local point of contact on all matters related to the legal isolation of persons with active TB disease. As such, all requests to the State Health Commissioner for an emergency order or for a petition for court-ordered isolation must be made by the local health director.

Often these situations are very time sensitive.
Steps 2-4 may happen simultaneously.

2) Contact the Virginia Tuberculosis Control and Prevention Program for technical assistance regarding the process of legal isolation.

3) Once the local decision has been made to request consideration of legal isolation, the local health director contacts the Deputy Commissioner for Community Health Services or Chief Deputy Commissioner for Public Health to formally make the request to the State Health Commissioner.

4) The local health director or designee is responsible for obtaining and delivering copies of appropriate medical records needed to proceed with the emergency detention. At a minimum, the records required for development of the emergency order and petition for court hearing include:

   - Copy of medical evaluation describing in detail the basis for the diagnosis of active TB disease as defined by the *Code of Virginia*
   - Copies of pertinent chest x-ray reports
   - Copies of pertinent sputum/specimen results including reports of smears, cultures and sensitivity results, if available
   - Documentation of local efforts to counsel and education patient regarding disease, treatment, expected behaviors related to treatment compliance and isolation
   - Documentation of patient non-adherence to recommendations and orders and basis of determination that patient poses an imminent danger to the health of the public
   - Copies of any formal requests and orders issued by the local health director.

5) Upon the preliminary approval from the State Health Commissioner to proceed, the Virginia Tuberculosis Control and Prevention Program will work with the local health district, the Commissioner and the Special Counsel to the Virginia Department of Health from the Office of the Attorney General to facilitate the process for the emergency order.

6) While waiting for the signed emergency order, local health district responsibilities include:

   - Contact with appropriate local law enforcement officials (police, sheriff, etc.) to prepare for the arrival of the State Health Commissioner's order and develop a plan for its implementation
   - Identification of the "least restrictive willing facility," at which the patient may be confined under the State Health Commissioner's order until the court hearing is held. Per Virginia Code §32.1-§48.03.B, the place of temporary detention may **not** be a jail or a correctional facility.

Court-Ordered Isolation (§ 32.1-48.04)

Scope
Once an emergency order has been issued by the State Health Commissioner, he/she will proceed to prepare for the isolation hearing. The general district court in the county or city in which the person resides will determine during the isolation hearing whether isolation is necessary to protect the public health.

Criteria (§ 32.1-48.04.B)
An isolation order may be issued upon finding by the court that the following conditions are met:

- The person is infected with a communicable disease
- The person is engaging in at-risk behavior.
- The person has demonstrated an intentional disregard for the health of the public by engaging in behavior which has placed others at risk for infection.
- There is no other reasonable alternative means of reducing the risk to public health.

NOTE

Note on Individual Rights
Isolation orders shall not be renewed without affording the person all of the following legal rights:

- Right to appeal an isolation order to the circuit court in the jurisdiction in which he/she resides—must file within 30 days.
- An appeal of isolation shall be given priority over all other pending matters before the court and shall be heard as soon as possible.
- An order continuing the isolation will only be renewed if the conditions under which an isolation order can be issued are still met at the time the appeal is heard.
- If the person is not represented by counsel, the judge will appoint an attorney-at-law, to be paid a fee of $150 and necessary expenses, to represent him/her. (§ 32.1-48.04.D)

NOTE

Orders for isolation in the person's home or another's residence may be enforced through the use of electronic devices. Orders for isolation may include additional requirements such as participation in counseling or educational programs. The court may, upon finding that the person no longer poses a threat to the health of others, issue an order solely for participation in counseling or educational programs. (§ 32.1-48.04.C)

NOTE

The order for confinement is required to provide the least restrictive confinement provided, however, that such detention facility may be a jail or prison if no less restrictive confinement is available or suitable. (§ 32.1-48.04.B)

	The isolation hearing must be held within 48 hours of the execution of any temporary detention order. The isolation hearing shall be held within 48 hours of the execution of any temporary detention order issues or, if the 48-hour period terminates on a Saturday, Sunday, legal holiday, or a day on which the court is lawfully closed, the isolation hearing shall be the next day that is not a Saturday, Sunday, legal holiday, or day on which the court is lawfully closed (§ 32.1-48.04.A).

	Isolation order will be valid for no more than 120 days. An isolation order in the person's home or another's residence or an institution or other place shall be valid of no more than 120 days, or for a shorter period of time if the State Health Commissioner or designee, or the court upon petition, determines that the person no longer poses a substantial threat to the health of others (§ 32.1-48.04.C).

Tuberculosis Reporting and Planning

Reporting Requirements for Physicians and Medical Facilities (§32.1-50)

Scope

The private physician, physician assistant, or nurse practitioner who diagnoses or treats a patient for active or suspected active TB disease on an outpatient basis is required to report the information below to the local health director— or to another professional employee of the local health department—within 24 hours by the most rapid means available, preferably that of telecommunication (*e.g.*, telephone, telephone transmitted facsimile, pagers, etc.). At a minimum, the 24-hour period starts when treatment for suspected TB disease is ordered. The head of a medical care facility, or his/her designee, providing inpatient or outpatient diagnosis or treatment for active TB disease is required to make this same report within the same time frame and by the same means mentioned above with the exception that laboratories can submit results by established secure electronic reporting mechanisms.

The private physician, physician assistant, or nurse practitioner who diagnoses or treats a patient under age 4 for latent TB infection is required to report the information on a Form Epi-1 to the local health department. Reporting of TB infection in children under age 4 should be made in a timely manner to allow for investigation of possible sources of infection, but does not require rapid communication within 24 hours.

Process Summary (§ 32.1-50.B)

There are three elements to the reporting process:

1) Initial report (Form Epi-1)—to be completed when there are reasonable grounds to believe that a person has active TB disease.
2) Secondary report (2001A-TB-002)—to be completed simultaneously with or immediately following the initial report.
3) Subsequent reports (2013A-TB-003)—to be completed when:
    - There has been a change in treatment regimen
    - If there is a suspicion of treatment failure
    - When ceasing treatment for active TB disease
    - Any information required by the initial or secondary reports that was not available at the time of reporting becomes available or has since been revised.

For the purpose of these reports, cessation of treatment will be inferred from the following events: (§ 32.1-50.B):

- The patient fails to keep a scheduled appointment for treatment.
- The patient relocates without taking steps to transfer care.
- The patient discontinues care either upon or against the advice of the treating physician.

1. Initial Report (§ 32.1-50.C)

The initial disease report to the local health director by the diagnosing or treating physician, or by the diagnosing or treating medical care facility, must include the following elements:

- The patient’s name
- The patient’s date of birth
- The patient’s gender

- The patient's address
- Pertinent clinical, radiographic, microbiologic, and pathologic reports, whether final or pending
- Any necessary information to locate the patient for follow up.

See **Appendix A** for the appropriate initial report for (Form Epi-1).

2. Secondary Report (§ 32.1-50.C)

Coinciding with the initial TB report is the secondary report, which should be filed with the initial report or very shortly thereafter. This secondary report supplements the initial report by providing more detailed clinical and management information:

- Date and results of tuberculin skin test (TST) or interferon-gamma release assay (IGRA) test
- Date and results of initial and follow-up chest x-rays
- Dates and results of bacteriologic or pathologic testing
- Start date and doses of TB medications regimen
- Date and results of drug-susceptibility testing
- Patient's HIV status
- Contact screening information.

Following the submission of the initial report, the local health director will request this secondary report if it was not submitted at the same time as the initial report.

See **Appendix A** for the secondary report form (2001A-TB-002). Physician or hospital records containing all of the elements listed above may be submitted in lieu of the secondary report form.

3. Subsequent Reports (§ 32.1-50.D)

Following the initial report to the local health director, subsequent reports are to be made <u>when updated information is available</u>. These reports will provide:

- The patient's updated clinical status
- Updated bacteriologic and radiographic results
- An assessment of the patient's adherence to treatment
- The name of the patient's current provider
- The patient's current or revised regimen
- Updated contact information for locating the patient
- Additional clinical information as it becomes available.

Subsequent reports are required when:

- The patient's TB medications regimen changes.
- The patient's clinical status changes (e.g., suspected treatment failure).
- The patient's treatment ceases for reasons given on the previous page.
- There are any other updates on the patient's case.

See **Appendix A** for the appropriate subsequent report form (2013A-TB-003).

Reporting Requirements for Laboratories (§ 32.1-50.E)

Scope

Reporting and sample submission requirements for laboratories doing business in the Commonwealth ensure that testing for antimicrobial susceptibility is completed on each initial isolate from a patient with active TB disease.

Laboratories are responsible for reporting any test results that are diagnostic of or are highly correlated with active TB disease, whether this testing is done in-house or is referred to an out-of-state laboratory.

Elements of Reporting for Laboratories

The reporting requirements for laboratories include the following:

- Results of cultures that are positive for mycobacterial diseases, including the tubercle bacilli
- Results of smears that are suggestive of tubercle bacilli
- Results of tests for antimicrobial susceptibility performed on cultures that are positive for tubercle bacilli
- Results of molecular testing that are positive for the presence of *Mycobacterium tuberculosis* or that provide information on antimicrobial susceptibility for the tested specimen.

Process Summary

To fulfill this reporting requirement, the director of the laboratory <u>must</u>:

1) Report a positive smear and/or positive culture.
2) Report a positive result for *Mycobacterium tuberculosis* from a molecular testing method.
3) Submit to the local health director a report of antimicrobial drug susceptibilities performed by a laboratory, either by standard testing methodologies or by molecular methods, certified by existing state or national agencies to perform such testing.
4) Submit a representative and viable sample of the initial culture to the Virginia Division of Consolidated Laboratory Services (see **Appendix B**).

Tuberculosis Treatment Plans: Development and Reporting (§ 32.1-50.1)

Scope

The physician who is treating a patient with active TB disease on an outpatient basis and the head of a medical care facility providing inpatient or outpatient treatment for active TB disease, must work with the patient to develop an individualized written plan of treatment. The treating physician or the head of the medical care facility is required to maintain written documentation of the patient's adherence to the treatment plan.

A treatment plan is required for all patients with confirmed TB disease and those who are suspects. Whenever treatment has been started—even treatment based only on suspicion of active TB disease—a treatment plan must be in place. The treatment plan must be submitted to and approved by the local health director prior to discharge from any medical facility, correctional center, or other similar facility, even for patients who have suspected TB disease.

Elements of a Treatment Plan (§ 32.1-50.1.A)

It is important that patient-centered programs be developed to assess each patient's needs to increase the likelihood that treatment will be completed. This treatment plan must:

- Be tailored to the patient's medical and personal needs
- Be maintained and updated as needed
- Identify the method for effective treatment
- Identify the method for prevention of transmission.

This treatment plan must specifically include:

- The patient's verified address
- The name of the medical provider who is responsible for treatment
- The planned course of anti-TB drug therapy
- The estimated date of completion of treatment
- The means of ensuring successful completion of treatment.

The treatment plan should be updated monthly in conjunction with consultation with the patient. This monthly review of clinical progress will allow an evaluation of the response to therapy and identify adherence problems.

A template for the Treatment/Discharge Plan (2005A-TB-004) can be found in **Appendix A**.

NOTE	The use of enablers and incentives in TB treatment is strongly encouraged. The Virginia Tuberculosis Control and Prevention Program can offer guidance on appropriate techniques to be employed.

NOTE	Treatment plans using directly observed therapy (DOT) have the highest treatment completion rates. For outpatient treatment, DOT is a Virginia Tuberculosis Control and Prevention Program standard. DOT is strongly recommended for all patients with active TB disease (confirmed or suspected).

NOTE

Common obstacles to completing treatment include cultural and linguistic factors, lifestyle differences, homelessness, and substance abuse that present priorities that compete with treatment for TB. Barriers may be patient related, such as conflicting health beliefs, alcohol or drug dependence, or mental illness, or they may be system related, such as lack of transportation, and inconvenient clinic hours.

Reporting Process (§ 32.1-50.1.B & C)

A treatment plan is required for all patients with confirmed TB disease and those who are suspects. Whenever treatment has been started—even treatment based only on suspicion of active TB disease—a treatment plan must be in place. The treatment plan must be submitted to and approved by the local health director prior to discharge from any medical facility, correctional center, or other similar facility, even for patients who have suspected TB disease. While a treatment plan should be developed for all patients with active TB disease, reporting requirements differ between outpatient and inpatient treatment.

OUTPATIENT TREATMENT	INPATIENT TREATMENT
For outpatient confirmed or suspected TB cases, the medical provider may be requested to submit the patient's written treatment plan to the local health director for approval. Submission of the treatment plan is required for all individuals receiving outpatient treatment who: • Are HIV positive • Have confirmed or suspected resistance to rifampin with or without resistance to any other drug • Have a history of relapsed TB or prior treated or untreated TB • Have a demonstrated history of non-adherence to a treatment regimen.	For inpatient confirmed or suspected TB cases, the person in charge of the medical facility (including the medical units of correctional centers)—or his/her designee—is required to submit the written treatment plan to the local health director for approval in all cases, regardless of what other factors may or may not be present (*e.g.*, HIV-positive status, drug-resistant TB, etc.). At a minimum, persons are considered to have suspected TB when anti-TB medications are initiated. <u>Changes to Inpatient Treatment Plan</u> • When there are changes to an inpatient's treatment plan prior to discharge from the facility, the revised treatment plan must be submitted to the local health director. <u>Requirements for Discharge</u> • For inpatients (or inmates) with confirmed or suspected TB or individuals with confirmed or suspected TB who have not previously reported, the treatment plan must be submitted and approved by the local health director prior to discharge. • For previously diagnosed inpatients (or inmates) who are known to the health department and whose treatment plans have not changed, the health department must be notified only of the impending discharge.

BOTH OUTPATIENT & INPATIENT TREATMENT
• Any patient being started on anti-TB medications must have a treatment plan. • The treatment plan is subject to approval by the local health director. • Any disagreements between the written treatment plan and established standards of care will be addressed by the State Health Commissioner. • Documentation of adherence to the treatment plan will be submitted to the local health director, upon request. • Administration of anti-TB medications by DOT is the standard of care for all pulmonary TB cases and select extra pulmonary TB cases. • Any questions regarding this process should be directed to the Division of Disease Prevention, TB Control and Prevention Program.

NOTE	The State Health Commissioner may also issue an emergency order for a person with active TB disease upon release from an inpatient treatment facility or a state or local correctional or detention facility. This emergency order will be issued if the person with active TB disease indicates an unwillingness to comply with the prescribed treatment plan or exhibits noncompliant behavior (§32.1-50.1.D).

Appendices

Appendix A - Forms for Physicians and Medical Facilities

(Each form can be accessed online at the VDH TB Control and Prevention Program website: Online Forms - Physicians & Medical Facilities - http://www.vdh.virginia.gov/TB/HealthcareProfessionalsandCommunityPartners.htm)

Summary of Forms for Physicians and Medical Facilities.....1

Negative Diagnosis Form (2001A-TB-000) 2

Initial TB Report (Form EPI-1)Secondary TB Report (2001A-TB-002).....3

Secondary TB Report (2001A-TB-002).....4

Subsequent TB Reports (2013A-TB-003) 5

TB Treatment/Discharge Plan Template (2005A-TB-004) 6

TB Notice of Discharge Letter [2001A-TB-005].....7

Appendix B - Virginia Tuberculosis Control and Prevention Program Contact Information and Additional Resources

Summary of Forms for Physicians and Medical Facilities

This collection of forms is intended for use by physicians and medical facilities to communicate with the health director in accordance with the TB Control Laws outlined in the *Code of Virginia* and with reporting requirements set by the State Board of Health. All letters should be printed or typed on appropriate letterhead. A brief description and appropriate usage of each form is detailed below. Each form can be accessed online at the VDH TB Control and Prevention Program website:

Online Forms - Physicians & Medical Facilities—
http://www.vdh.virginia.gov/TB/HealthcareProfessionalsandCommunityPartners.htm

Form Name & Number	Purpose
Negative Diagnosis Form (2001A-TB-000)	This form is to be completed and submitted to the local health director by the examining physician who makes a diagnosis other than active TB disease for a patient under an examination request.
Initial TB Report (Form EPI-1)	The initial TB report to the local health director is to be completed by the examining or treating physician or head of a medical facility providing inpatient or outpatient diagnosis or treatment when there are reasonable grounds to believe that a person has active TB disease.
Secondary TB Report (2013A-TB-002)	The secondary TB report to the local health director is to be completed by the examining or treating physician or head of a medical facility providing inpatient or outpatient diagnosis or treatment. This form is to be completed simultaneously with or immediately following the initial report.
Subsequent TB Reports (2013A-TB-003)	The subsequent TB report is to be completed when there has been a change in a patient's treatment regimen, if there is suspicion of treatment failure, when ceasing treatment for active TB disease, and/or when there are any other updates on the patient's case.
TB Treatment/Discharge Plan (2005A-TB-004)	This template is to be used by the treating physician or head of a medical facility providing inpatient or outpatient treatment for active TB disease to capture information which may be either requested or required by the local health director. This template may also be used to develop a patient's Discharge Plan, which must be submitted to and approved by the local health director prior to discharge.
TB Notice of Discharge Letter (2001A-TB-005)	This form is to be used by the treating physician or head of a medical facility to communicate to the local health director that a patient with active TB disease – who was not hospitalized for his/her TB – is to be discharged from the hospital.

Negative Diagnosis Form (2001A-TB-000)

Health Director Name
Street Address
City, Virginia ZIP code

Per your examination request, I have seen [*Patient Name*], who resides at [*Patient's Full Address*], and have rendered a thorough examination for tuberculosis disease.

[Documentation of Medical and Laboratory Tests and Other Examination Procedures Performed on This Patient.]

Given the above findings, it is my conclusion that [*Patient Name*] does not have active tuberculosis disease.

_____ It is my diagnosis that [*Patient Name*] has Latent TB Infection (LTBI).

_____ It is my diagnosis that [*Patient Name*] has disease due to Non-tuberculous mycobacteria (NTM).

_____ [*Other Diagnosis*]

Dated on [*Date*]

[Signature and Printed Name of Examining Physician]
[Physician Address]
[Physician Telephone Number]

Initial TB Report (Form EPI-1)

MAIL THE TOP TWO COPIES TO YOUR LOCAL HEALTH DEPARTMENT

VIRGINIA DEPARTMENT OF HEALTH
Confidential Morbidity Report

Patient's Name (Last, First, Middle Initial):

SSN: _____-_____-_____

Home #: ( ) _____-_____

Patient's Address (Street, City or Town, State, Zip Code):

Work #: ( ) _____-_____

City or County of Residence

Date of Birth: (mm/dd/yyyy)

Age:

Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ White ☐ Unknown

Hispanic: ☐ Yes ☐ No

Sex: ☐ F ☐ M

DISEASE OR CONDITION:

Pregnant: ☐ Yes ☐ No ☐ Unknown

Death: ☐ Yes ☐ No

Death Date:

Date of Onset:

Date of Diagnosis:

Influenza: (Report # and type only. No patient identification)

Number of Cases:

Type, if Known:

Physician's Name:

Phone #: ( ) _____-_____

Address:

Hospital Admission: ☐ Yes ☐ No

Hospital Name:

Date of Admission:

Medical Record Number:

Laboratory Information and Results

Source of Specimen:

Date Collected:

Laboratory Test(s) and Finding(s):

Name/Address of Lab:

CLIA Number:

Other Information

Comments: (e.g., Risk situation [food handling, patient care, day care], Treatment [including dates], Immunization status [including dates], Signs/Symptoms, Exposure, Outbreak-associated, etc.)

Name, Address, and Phone Number of Person Completing this Form:

Date Reported:

Check here if you need more of these forms, or call your local health department. ☐
(Be sure your address is complete.)

For Health Department Use

Date Received:

VEDSS Patient ID:

Please complete as much of this form as possible

Form Epi-1, 10/2011

Secondary TB Report (2001A-TB-002)

Patient Last Name: _____ First Name: _____

Address: _____ Occupation: _____

Phone: _____ DOB: _____ Country of Birth: _____ Weight: _____

Race: ☐ White ☐ Asian ☐ Black ☐ Am. Indian Hispanic: ☐ Yes ☐ No Sex: ☐ M ☐ F ☐ Pregnant ☐ History of BCG. Year given: _____

If foreign born, year of entry into U.S.: _____

Date PPD Given: _____ Induration: ___mm or Date of IGRA _____ ☐ Positive ☐ Negative ☐ Previous Positive

Initial CXR Date: _____ Finding: ☐ Normal ☐ Abnormal If Abnormal: ☐ Cavitary ☐ Non-cavitary

Follow-up CXR Date: _____ Finding: ☐ Stable ☐ Improving ☐ Worsening ☐ Not Done

Bacteriology (Isolate used to rule out or confirm TB) Collection Date: _____

Source: ☐ Sputum ☐ Gastric Aspirate ☐ Pleural Fluid ☐ Urine ☐ Spinal Fluid ☐ Lung Tissue ☐ Blood ☐ Bronchial Washing ☐ Lymph Node ☐ Other: _____

Smear: ☐ Positive AFB ☐ Negative ☐ Not Done

If Positive, Quantity: ☐ +/- ☐ 3+ ☐ 1+ ☐ 4+ ☐ 2+ ☐ Not Reported

Bacterial confirmation: ☐ Culture ☐ Nucleic Acid Amplification

Laboratory Name: _____

Culture: ☐ M.tb ☐ Non-tuberculous mycobacteria

TB Chemotherapy Start Date: _____ ☐ No medications started

	Dose/Frequency		Dose/Frequency		Dose/Frequency
☐ Isoniazid	_____	☐ Rifampin	_____	☐ Rifabutin	_____
☐ Pyrazinamide	_____	☐ Ethambutol	_____		

☐ Other: Specify _____

_____

Drug Susceptibility Testing (M.tb isolates only) ☐ Reported ☐ Not Ordered

If reported, Collection Date of Isolate Tested: _____

Results:

1st Line Drugs	Sensitive	Resistant	Not Done	2nd Line Drugs	Sensitive	Resistant	Not Done
Isoniazid	☐	☐	☐	Capreomycin	☐	☐	☐
Rifampin	☐	☐	☐	Ethionamide	☐	☐	☐
Pyrazinamide	☐	☐	☐	Ofloxacin	☐	☐	☐
Ethambutol	☐	☐	☐	Rifabutin	☐	☐	☐
Streptomycin	☐	☐	☐				

HIV Status: ☐ Positive ☐ Negative ☐ Refused ☐ Indeterminate ☐ Results not shared

☐ Not Offered. Reason: _____

If positive, is patient on anti-viral medication?: ☐ Yes Specify: _____

Household contacts identified and screened? ☐ Yes Provide list of names, addresses and results of screening:

Additional Comments: (Concurrent health conditions and medications, etc.)

PMD Info:

Name: _____

Address: _____

Phone: _____

Subsequent TB Reports (2013A-TB-003)

Patient Last Name: _____ First: _____ DOB: _____

Updated Contact Information:

Address: _____ Phone: _____

This patient is currently under your care for TB: ❑ If not, complete on Section 1 below. If so, skip to Section 2(a).

Section 1

What was the date you last saw the patient? _____

Is the patient's TB currently being treated? ❑ Yes ❑No ❑ Unknown

If you are no longer the patient's physician, please provide the name and phone number of the patient's current physician, if known:

Name: _____ Phone: _____

Thank you for your assistance!

Section 2(a)

Check here if your patient routinely attends scheduled clinical appointments: ❑

Check here if your patient's progress has been monitored by additional imaging: ❑

If so, latest imaging Date: _____ Finding: ❑ Stable ❑ Improving ❑ Worsening

For TB confirmed by culture, check here if additional bacteriology has been collected: ❑

If so, complete "Latest Bacteriology" below:

Latest Bacteriology Collection Date: _____

Source:	❑ Sputum	❑ Gastric Aspirate	Smear	If Positive, Quantity:	
❑ Pleural Fluid	❑ Urine	❑ Spinal Fluid	❑ Positive AFB	❑ +/-	❑ 3+
❑ Lung Tissue	❑ Blood	❑ Bronchial Washing	❑ Negative	❑ 1+	❑ 4+
❑ Lymph Node	❑ Other: _____		❑ Not Done	❑ 2+	❑ Not Reported

Culture: ❑ M.tb ❑ Mycobacterium Other Than TB ❑ Negative ❑ Other, specify: If the latest bacteriology is negative on culture, date of collection of any previous negative culture: Check here if anti-TB therapy has been completed: ❑ Date Completed:

If your patient is still on anti-TB therapy, please complete Section 2(b). If not, the form is complete. Thank you for your assistance!

Section 2(b)

Check here if your patient is currently taking anti-TB medications as prescribed: ❑ If not, read ** below.

Notes on Patient's Adherence to Treatment:

Current Therapy

	Dose/Frequency		Dose/Frequency		Dose/Frequency
❑ Isoniazid	_____	❑ Rifampin	_____	❑ Rifabutin	_____
❑ Pyrazinamide	_____	❑ Ethambutol	_____	❑ Streptomycin	

❑ Other, specify: _____

_____

What date do you anticipate discontinuing anti-TB medications?

Thank you for your assistance!

** The Virginia Department of Health and the Centers for Disease Control & Prevention recommends directly observed therapy (DOT) as the **Standard of Care** for all patients with pulmonary TB. With DOT, the health department observes TB medication ingestion on a daily or intermittent basis until treatment is completed.

Completed by: _____ Date: _____

TB Treatment/Discharge Plan Template (2005A-TB-004)

TB Treatment/Discharge Plan

Patient Name	Gender ☐ M ☐ F	DOB	SSN
Address			Telephone
Occupation	Work Site		Work Phone
Emergency Contact	Address		Phone

TO BE COMPLETED BY THE TREATING PHYSICIAN OR FACILITY

Case reported to the local health department by: _____ on (date) _____
The TB care physician will be: ☐LHD ☐Private Physician _____
Physician Address _____ Phone _____
Other follow-up caregivers: _____
(name, agency, & phone)

Drugs and dosages prescribed Patient body weight _____ kg
☐ Isoniazid _____ mg ☐ Rifampin _____ mg ☐ Pyrazinamide _____ mg ☐ Ethambutol _____ mg ☐ B-6 ____ mg ☐ other _____
To be ingested: ☐ daily ☐ 2x weekly ☐ 3x weekly

Adherence Assurance: ☐DOT ☐ Physician Certification

Infectious: ☐ Yes ☐ No ☐ Don't know

All patients will be contacted by LHD for case management and contact investigation, if indicated. DOT is the standard of care for all pulmonary TB cases and selected extrapulmonary TB cases. For any patient not on DOT, the treating physician accepts responsibility for assuring that the patient completes appropriate treatment and is required to provide the LHD with written certification of treatment adherence.

Identify any treatment adherence obstacles:
☐ homelessness ☐ physical disability ☐ substance abuse: _____
☐ mental disability ☐ none ☐ other: _____

Identify any personal service needs:
☐ housing assistance ☐ food/nutrition ☐ local/state welfare ☐ child care ☐ transportation
☐ drug treatment ☐ mental health services ☐ home health services ☐ employment services ☐ none
☐ other: _____

Referrals for these needs were/will be made to: _____ on (date) _____
Other considerations/comments: _____

TO BE COMPLETED BY THE LHD AND PROVIDED TO THE PHYSICIAN / FACILITY

The assigned Public Health Nurse Case Manager is: _____ Phone: _____
Initial DOT visit will be made by: _____ (name)
1st DOT appointment: _____ _____ _____
date time place
The DOT worker(s) will be: _____ (name) ☐ health dept staff ☐ other _____
DOT will be done at _____ (address) ☐ home ☐ school ☐ work ☐ other
(Schedule to be established by DOT worker and patient at first visit. The patient will sign a DOT agreement that includes DOT instructions.)

Primary responsibility for contact investigation: ☐ case manager ☐ other _____

Proposed interventions for identified obstacles to adherence: _____

Other considerations/comments: _____
_____

The following individuals have been notified and approve of the above treatment plan.
Signatures and approval must be obtained prior to patient discharge.
Attending physician signature_____ date _____

Local Health Department signature_____ date _____

Patient signature _____ date _____

☐ Patient elected not to sign: Discharge planner signature_____ date _____

TB Notice of Discharge Letter [2001A-TB-005]

Health Director Name
Health Department Address
City, VA ZIP Code

Per the regulations set forth by the State Board of Health, I am notifying the health department that [*Patient Name*] is due to be discharged from [*Hospital Name or Name of Medical Facility*] on [*Intended Discharge Date*].

While [*Patient Name*] is currently undergoing treatment for active tuberculosis disease, tuberculosis treatment was not the reason for this hospitalization. The tuberculosis treatment plan for [*Patient Name*] is on file and will be submitted upon request.

Dated on [*Date*]
[*Signature and Printed Name of Treating Physician or Head of Medical Facility*]
[*Address*]
[*Telephone Number*]

Appendix B

Virginia Tuberculosis Control and Prevention Program Contact Information and Additional Resources

Virginia Tuberculosis Control and Prevention Program Contact Information

VDH, Division of Disease Prevention
Tuberculosis Control and Prevention Program
109 Governor Street, Room 326
Richmond, VA 23219
Telephone: 804-864-7906
Fax: 804-371-0248
Website: www.vdh.virginia.gov/tb

Additional Resources

Centers for Disease Control Division of Tuberculosis Elimination Website: http://www.cdc.gov/tb/

Virginia Division of Consolidated Laboratory Services 600 N. 5th Street
Richmond, VA 23219
http://www.dgs.state.va.us/DivisionofConsolidatedLaboratoryServices/tabid/453/Default.aspx

COMMONWEALTH of VIRGINIA

Department of Health
109 Governor Street
RICHMOND, VA 23219
Division of Disease Prevention
TB Control and Prevention Program
804-864-7906