

# Chapter XII: Miscellaneous Protocols

---

<b>A.</b>	<b>CO-MANAGED CASES.....</b>	<b>2</b>
1.	<b>Cases Co-Managed with Private Physicians .....</b>	<b>2</b>
2.	<b>Incarcerated Patients.....</b>	<b>3</b>
a.	Incarcerated patients with active TB disease.....	3
b.	Patients with latent TB infection.....	4
c.	Patients in Department of Corrections (DOC) or Immigration and Customs Enforcement (ICE) Facilities .....	4
<b>B.</b>	<b>REPORTING OF ACTIVE AND LATENT TB CASES.....</b>	<b>4</b>
<b>C.</b>	<b>REFERRALS AND TRANSFERS.....</b>	<b>5</b>
1.	<b>Referrals to and from Metro Area Clinics or Providers .....</b>	<b>5</b>
a.	Suspected and active cases from providers, hospitals, National Jewish TB Lab .....	5
2.	<b>Transfer between Colorado Counties.....</b>	<b>5</b>
3.	<b>Transfer between States, Interjurisdictional TB Notification .....</b>	<b>5</b>
4.	<b>Transfer between the United States and Mexico .....</b>	<b>6</b>
<b>D.</b>	<b>CONFIDENTIALITY AND INFORMED CONSENT.....</b>	<b>7</b>
1.	<b>Consent to Treat.....</b>	<b>7</b>
2.	<b>HIPAA Exclusions.....</b>	<b>7</b>
3.	<b>Confidentiality in Contact Investigations.....</b>	<b>7</b>

## **A. Co-Managed Cases**

---

### **1. Cases Co-Managed with Private Physicians**

CDPHE is responsible for monitoring and reporting all TB patients, even if the patients are seen and cared for by private physicians. All patients with active TB should receive their treatment by DOT; however Colorado state law requires DOT treatment only for those with pulmonary TB. Most private physicians are unable to provide DOT and will ask the local public health department to take over the patient's care. Physicians that prefer to continue to care for their patients must obtain a waiver from CDPHE to allow the patient an exemption from DOT. Frequent contact with the primary care provider is needed to co-manage TB cases with private physicians. The TB case manager at the local public health department should do the following:

- Open a chart and enter the patient into TBdb which serves as the electronic medical record for the Denver Metro TB Clinic.
- Obtain laboratory confirmation of microbiology and advise the treating physician if additional specimens should be collected.
- Determine if the patient should be served an isolation order, and if so, notify the treating physician to inform the patient that TB clinic staff will be contacting them.
- CDPHE provides medications for patients outside of the Denver Metro area. Obtain a prescription for all medications needed and fax them to CDPHE.
- Determine if a contact investigation (CI) is indicated. If so, contact the patient for the initial interview. Inform the treating physician that TB clinic staff will conduct a contact investigation (CI) and to make the patient aware of this.
- Obtain additional medical records including demographic info, legal status in USA, CXR and CT films and reports; baseline lab work including HIV status, and any other information needed for the Report of a Verified Case of TB (RVCT)
- Submit medical records and films to CDPHE for review and recommendations.
- Consult with the treating physician at least monthly to check on the patient's progress to ensure that the patient is taking their treatment regularly and to advise of the current recommended treatment plan and follow up. Continue to check that monthly cultures are collected if indicated.
- Obtain films (if indicated) and a summary of patient's clinical response after 2 months of treatment to CDPHE in order that they may provide new recommendations.

- Continue to check with treating physician and advise them of the TB treatment protocols as needed.
- Obtain completion CXR (if indicated), a final summary of the patient's clinical response (including the amount of weight the patient gained during treatment) and submit to CDPHE

## **2. Incarcerated Patients**

### **a. Incarcerated patients with active TB disease**

The activities of the TB case manager are the same as those listed above with a few additional steps:

- If the patient is infectious, contact the jail's infection control personnel to determine if it is necessary to conduct a CI within the facility. Visit the patient to serve an isolation letter and conduct the initial interview.
- If the patient is a suspect for active TB and a CI is not yet planned, ask the jail staff to obtain locating information and emergency contact information from the patient in the event that they are released.
- Check with the jail staff at least weekly, to get an update on the patient's status, including a schedule of court dates for the patient.
- If the patient is undocumented in the U.S. ask jail deputies if the patient could be transferred to an ICE facility or the U.S. marshal. If so, notify CDPHE of this potential transfer.
- Request that the patient's medication sheets documenting TB medication doses are faxed to CDPHE weekly. Monitor for errors using inappropriate doses or regimens and missing doses and bring to the attention of jail staff if noncompliance is an issue.

**b. Patients with latent TB infection**

Patients diagnosed with latent TB are often started on treatment by jail staff. When the patient is released from the jail and still on treatment, the jail will send CDPHE a fax stating that the patient needs continuity of care and will give the patient's contact information. CDPHE will then contact the local public health department and they should contact the patient by letter or phone and schedule the patient for an appointment as soon as possible. Copies of the TST, CXR, and LTBI treatment medication sheets should be requested from the jail.

**c. Patients in Department of Corrections (DOC) or Immigration and Customs Enforcement (ICE) Facilities**

TB patients housed in a DOC or ICE facility, regardless of county, are reported directly to the CDPHE TB Program. Patients in DOC facilities are co-managed by the facility physician and the CDPHE TB Program.

**B. Reporting of Active and Latent TB Cases**

---

The standardized RVCT (Report of Verified Cases of TB), on confirmed active TB patients needs to be completed by the TB case manager. Instructions for completing the form are available at the CDPHE TB program website. This information is then faxed to the TB program and CDPHE staff enters it into the surveillance portion of TBdb. CDPHE sends the information from TBdb to the CDC electronically on a weekly basis. There are currently no reporting requirements for LTBI, with the exception of information from contact investigations. No identifying information is sent to the CDC.

**TBdb**

Colorado's TB database (TBdb) is a secure web-based disease reporting system that is used to fulfill statutory requirements for collecting, tabulating, and reporting communicable diseases designated by the Board of Health. Approximately 60 different diagnoses must be reported to state or local health departments so that health departments can perform necessary follow-up and disease control activities to protect the public's health.

CDPHE's TB Program has begun quarterly or as-needed online webinar trainings on the correct use of TBdb. Please call 303-692-2638 to learn more about upcoming trainings, topics to be covered, or request training on a specific topic/s.

**To request a TBdb password for new users or have a password reset for current TBdb users, please call 303-692-2638.**

## **C. Referrals and Transfers**

---

Tracking patients is a critical concern for those charged with ensuring completion of treatment for tuberculosis. It has been shown that patients who move from one jurisdiction to another before completion of therapy are much more likely to default than patients who do not move. Factors that have been shown to be associated with moving or defaulting include diagnosis of tuberculosis in a state correctional facility, drug and alcohol abuse, and homelessness. Communication and coordination of services among different sources of care and different health departments are particularly important for patients in these groups as well as for migrant workers and other patients with no permanent residence. Such communication may also be necessary across national boundaries, especially the United States-Mexico border.

### **1. Referrals to and from Metro Area Clinics or Providers**

#### **a. Suspected and active cases from providers, hospitals, National Jewish TB Lab**

Local laboratories, infection control practitioners, and physicians are required to notify the CDPHE TB Program to report any suspected or active cases of TB so that CDPHE's TB Program is able to follow up and ensure patients are brought in for work-up and treatment as needed.

The following are the state regulations regarding TB reporting:

#### **Regulation 4: Treatment and Control of Tuberculosis**

[http://www.state.co.us/gov\\_dir/leg\\_dir/olls/sl2008a/sl\\_102.htm](http://www.state.co.us/gov_dir/leg_dir/olls/sl2008a/sl_102.htm)

### **2. Transfer between Colorado Counties**

TB control staff from throughout Colorado have access to TBdb. Access to specific patient records is given on a "need to know" basis by the CDPHE. The nurse case manager for patients who are transferring care to another county in Colorado should call the destination county and give that TB case manager the patient's TBdb number and also call CDPHE to give the new case manager rights to view that patient's TBdb record.

### **3. Transfer between States, Interjurisdictional TB Notification**

For a patient transferring care between states within the United States, public health clinic staff should collect the new address from the patient and notify CDPHE regarding where and when the patients is traveling. Interjurisdictional TB notification forms for patients leaving Colorado will be faxed to the destination state by the CDPHE TB Program.

#### 4. Transfer between the United States and Mexico

Currently there are two formal patient tracking systems in operation for patients moving across the United States-Mexico border: CURE-TB and TBNet.

CURE-TB is managed by the San Diego County, California, Division of Tuberculosis Control. CURE-TB is a referral program for tuberculosis patients and their contacts that travel between the United States and Mexico. Services are available to all patients and providers from throughout the United States and Mexico. This program provides direct guidance for patients and facilitates the exchange of information between health care providers in the United States and Mexico.

 Refer to the website or call CURE-TB to get the most recent information and referral forms. Telephone (619) 542-4013 or Fax (619) 692-8020 ; <http://www.curetb.org>

TB NET is operated by the Migrant Clinician Network based in Austin, Texas. TBNet is a multi-national tuberculosis patient tracking and referral project designed to work with mobile, underserved populations. Treatment of these populations is complicated because they are unable to remain in a given location long enough to complete the lengthy TB treatment regimen. The program was originally created with migrant farm workers in mind. However, it is expanding its patient base to include the homeless, immigration detainees, prison parolees, or anyone who might be mobile during their treatment. TBNet helps mobile TB patients complete treatment in three ways:

- Supplies TB clinics with wallet-sized Health Network cards for their patients. These cards can easily be carried by patients wherever they go. The toll-free number on the card enables other TB clinics to call for patient's medical records in order to continue the patient's treatment.
- Maintains a central storehouse of enrollee medical records. A patient's health care provider, whether they are in the U.S., Mexico, or Central America can call TBNet on a toll free line to request an up-to-date copy of the patient's medical record.
- Mobile patients can also call TBNet on the toll free line for help locating treatment facilities at their next destination.

At the conclusion of treatment, TBNet notifies the enrolling clinic as well as the state or regional TB Control person that the patient has completed treatment.

 Consult the website or call TBNet for more information and up-to-date referral forms. Telephone (512) 327-2017 or Fax (512) 327-0719; <http://www.migrantclinician.org/services/network/tbnet.html>

## **D. Confidentiality and Informed Consent**

---

### **1. Consent to Treat**

Patients who have active TB disease or LTBI must sign a Patient TB Treatment Contract form (available in English, Spanish, Burmese, Nepalese, Vietnamese, Somali, and Karen languages) found on the CDPHE website:

<http://www.colorado.gov/cs/Satellite/CDPHE-DCEED/CBON/1251607767510>

### **2. HIPAA Exclusion / Colorado State Statute**

As a public health agency, CDPHE and county as well as municipal health departments are exempt from HIPPA (Health Insurance Portability and Accountability Act) standards for privacy of individually identifiable health information based on the Colorado statutes:

**Title 25 Health: Disease Control: Article 4 Disease Control: Part 5 Tuberculosis 25-4-508. Inspection of records:** Authorized personnel of the Colorado Department of Public Health and Environment may inspect and have access to all medical records of all medical practitioners, hospitals, institutions, and clinics, both public and private, where tuberculosis patients are treated and shall provide consultation services to officers of state educational, correctional, and medical institutions regarding the control of tuberculosis and the care of patients or inmates having tuberculosis.

(Source: L. 67: R&RE, p. 725, § 1. C.R.S. 1963: § 66-12-8. L. 91: Entire section amended, p. 947, § 6, effective May 6. L. 94: Entire section amended, p. 2763, § 437, effective July 1.)

### **3. Confidentiality in Contact Investigations**

 See *Chapter X: Contact Evaluation and Management* for information on confidentiality during contact investigations.