

# Reporting Requirements and Referral Process, TB Disease and TB Infection

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## Agenda

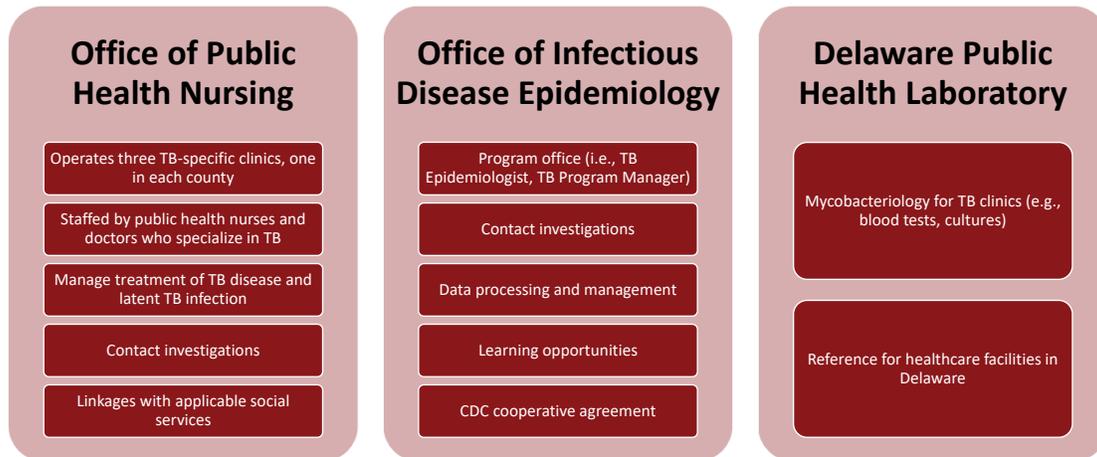
- Program structure
- Reporting requirements, TB disease and TB infection
- Referrals to TB clinics
- Learning resources

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## Program structure



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## Reporting requirements

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## Regulations governing reporting

### Title 16, Section 4202, **Chapters 2-5**

- Outlines all notifiable diseases in Delaware
- General guidelines about reporting, privacy protections
- Considerations for outbreaks
- Who is required to report

### Title 16, Section 4202, **Chapter 7**

- Confirmed AND suspected cases
- Additional TB-specific information to report

*7.5.2.1 Physicians, pharmacists, nurses, hospital administrators, medical examiners, morticians, laboratory administrators, and other health care providers who provide health care services to a person with **diagnosed, suspected, or treated tuberculosis (TB)** shall report such a case to the Division of Public Health.*

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## Reporting requirements and how to report

### **TB infection**

- Not a reportable condition
- Reporting encouraged (see right)

### **TB disease**

- Rapidly reportable
- Immediately report **suspected** (i.e., without waiting for laboratory confirmation) and **confirmed** cases
- Report by
  - phone (888-295-5156),
  - fax (302-622-4149), or
  - email ([reportdisease@delaware.gov](mailto:reportdisease@delaware.gov))

*For more information, go to <https://www.dhss.delaware.gov/dhss/dph/dpc/tbelimination.html>.*

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## Reporting requirements and how to report, cont.

### SUSPECTED case of TB disease

- Do not need laboratory confirmation
- Symptoms or signs suggestive of TB

### CONFIRMED case of TB disease

- Meets clinical OR laboratory case definition

#### *Clinical criteria (meets all the following)*

- A positive TST or IGRA
- Other signs and symptoms compatible with TB (e.g., abnormal chest imaging, clinical evidence)
- Treatment with two or more anti-TB medications
- A completed diagnostic evaluation

#### *Laboratory criteria*

- Isolation of MTB from a clinical specimen, OR
- MTBC positive NAAT, OR
- AFB positive smear when a culture has not / cannot be obtained or is false negative / contaminated.

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## What to report?

### Demographic information

- Name
- Date of birth
- Address
- Contact / locating information
- Dominant language

### Disease information

- Disease (TB vs TBI)
- Laboratory tests
- Treatment details
- Risk factors
- Discharge details (if hospitalized)

### Reporter information

- Name
- Reporting facility
- Contact information
- Date reported

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## What happens after you report?

**OIDE** acknowledges receipt of report

**OIDE** reviews information

**OIDE** notifies appropriate TB Clinic

**TB clinic** reviews information

**TB clinic** establishes contact with case / reporting facility

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## Referrals to the TB clinics

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# Referral criteria

- Clinics operate only by referrals from health care providers
- Clinics do not do
  - Pre-employment tests
  - Other administratively-required tests
- People must have an appointment to be seen at TB clinic; walk-in appointments not allowed



DELAWARE HEALTH AND SOCIAL SERVICES  
 Division of Public Health COMMUNITY HEALTH SERVICES

## Tuberculosis Referral Form

### Cover Sheet

**1. Referring Organization**

Name of referring organization: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact phone: \_\_\_\_\_ Contact fax: \_\_\_\_\_

Date sent: \_\_\_\_\_ Time sent: \_\_\_\_\_  am /  pm Number of pages (with cover sheet): \_\_\_\_\_

**2. Receiving TB Clinic**

Please pick which TB Clinic the referral is for. Only pick one TB Clinic.

County	State Service Center	Fax number
<input type="checkbox"/> New Castle	Floyd I. Hudson	302-283-7564
<input type="checkbox"/> Kent	James W. Williams	302-857-5131
<input type="checkbox"/> Sussex	Thuman Adams	302-515-3201

**Instructions**

Read all the instructions. After reading the instructions, add the information requested on pages 1-2.

**If you are referring someone for tuberculosis infection (TBI) follow-up, complete the form and fax it to the appropriate tuberculosis clinic: 302-283-7564 (New Castle County), 302-857-5131 (Kent County), 302-515-3201 (Sussex County). A positive interferon-gamma release assay (IGRA) or tuberculin skin test (TST) are required to refer someone to the Division of Public Health tuberculosis clinics for TB follow-up.**

**If you are referring someone for tuberculosis disease follow-up, immediately contact the Office of Infectious Disease Epidemiology (OIDE) to report the case. Health care personnel must rapidly report suspected (i.e., without waiting for laboratory confirmation) and confirmed cases of TB disease to the OIDE. Cases can be reported by phone (302-744-4990, normal business hours; 1-888-295-5156, outside of normal business hours), fax (302-622-4149), or email (reportdisease@delaware.gov).**

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COMMUNITY HEALTH SERVICES

## Tuberculosis Referral Form

**1. Patient Information**

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Primary contact:  Self |  Parent / guardian / other | If parent / guardian / other, who? \_\_\_\_\_

Patient address: \_\_\_\_\_ Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Interpreter needed?  Yes |  No Preferred contact method:  Call  Text

Date arrived in US: \_\_\_\_\_ If interpreter needed, what language? \_\_\_\_\_

**2. Medical Information**

Please include copies for applicable laboratory reports (e.g., IGRA, skin test) and radiology (e.g., chest x-ray).

TST Size (mm): \_\_\_\_\_ Date placed: \_\_\_\_\_ Date read: \_\_\_\_\_

IGRA  QFT |  TSpot Result: \_\_\_\_\_ Date collected: \_\_\_\_\_ Date reported: \_\_\_\_\_

Chest x-ray status  Completed |  Incomplete / Pending If completed, date of study? \_\_\_\_\_

<b>Symptom screen</b> <input type="checkbox"/> Cough _____ <input type="checkbox"/> Hemoptysis _____ <input type="checkbox"/> Chest pain _____ <input type="checkbox"/> Fever _____ <input type="checkbox"/> Sweating at night _____ <input type="checkbox"/> Weight loss _____	<b>Onset date</b> _____ _____ _____ _____ _____	<b>Medical history</b>	Current weight: _____ <input type="checkbox"/> lbs / <input type="checkbox"/> kg (select unit) HIV status? <input type="checkbox"/> Positive   <input type="checkbox"/> Negative Pregnant? <input type="checkbox"/> Yes   <input type="checkbox"/> No If yes, delivery date? _____ Significant medical history? <input type="checkbox"/> Yes   <input type="checkbox"/> No If yes, explain in notes. TB treatment history? <input type="checkbox"/> TB infection   <input type="checkbox"/> TB disease Vaccinations in last 28 days? <input type="checkbox"/> Yes   <input type="checkbox"/> No If yes to any, explain in notes. Current medications? <input type="checkbox"/> Yes   <input type="checkbox"/> No
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**3. Notes**

Use this section to explain the patient's medical history, TB treatment history, vaccinations received in last 28 days, and current medications (include dosage and frequency). Include another page if additional space needed to explain history.

\_\_\_\_\_

\_\_\_\_\_

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# Learning resources



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# What can you do?

- **Contact the Tuberculosis Elimination and Control Branch with questions**
  - Phone: 302-744-4990 or 1-888-295-5156
  - Email: [zachary.smith@delaware.gov](mailto:zachary.smith@delaware.gov)
- **Visit our webpage for updated information!** <https://bit.ly/3SMxf9v>
  - Reporting cases
  - Clinic contact information
  - Resources for the public
  - Resources for healthcare providers
    - Learning opportunities
    - Medical consultation (GTBI)
  - Data and reports
    - Incidence
    - Case counts by county

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