

TUBERCULOSIS REPORTING REQUIREMENTS

Medical providers, laboratories, hospitals and other facilities are required under Title 17, California Code of Regulations §2500 (j)(1) to report all suspected and confirmed tuberculosis (TB) cases to the Napa County Public Health Division CD Program, within 24 hours of the first time the diagnosis is suspected. ***These cases must be reported by providers even though other entities may be reporting.***

HEALTH CARE PROVIDER REPORTING REQUIREMENTS

What must be reported?

- All suspected and confirmed cases of active TB.
- All skin-test converters (an increase of at least 10mm induration from <10mm to =10mm within two years, from a documented negative to a positive TB skin test)
- All children <6 with positive tuberculin skin tests
- The discontinuation of a TB case or suspect's treatment for **any** reason.
- The planned discharge of a TB case or suspect from a health care facility. Requests must be received by the Public Health Division at least 1 working day prior to the anticipated date of discharge or transfer.

ALL SUSPECTED, LAB CONFIRMED AND CLINICAL DIAGNOSIS OF TUBERCULOSIS MUST BE REPORTED IMMEDIATELY TO NAPA COUNTY PUBLIC HEALTH DIVISION COMMUNICABLE DISEASE UNIT

Contact Information:

During Business Hours: (707) 299 -1499

After Hours (Napa County Answering Service: Ask to speak to the on-call Communicable Disease Duty Officer): (707) 265 -3131

FREQUENTLY ASKED QUESTIONS:

Why Report?

Timely reporting allows Public Health to take the appropriate measures to prevent further TB transmission and investigate to determine the source of infection for young children. The program provides a number of services for providers and clients alike.

What services does Public Health provide when a Tuberculosis Report is made?

The TB program offers a number of services to assist both patients and providers. Every effort is made to protect client **confidentiality**. Client-specific information is available only to *health division staff* providing or monitoring client care. The following describes some of the services provided.

1. **Tuberculin Skin-Test Reactors <6 years old:**

A case manager is assigned and performs a source case investigation to try to determine from whom the child contracted TB infection. Household members and other close contacts are screened for tuberculosis infection and disease. The case manager educates the patient and family regarding tuberculosis transmission and pathogenesis, side effects of medications and assists the client in removing barriers to successful completion of treatment for latent TB infection. The case manager maintains close contact with the patient's provider, updating him/her about important patient issues.

2. **Tuberculosis Cases and Suspects**

A case manager is assigned to every patient with known or suspected TB disease. The case manager visits the patient regularly providing education to the patient and family and making a complete assessment of the patient's progress, living situation and needs. The case manager provides, for the patient and family, a link to a continuum of social and other support systems. The case manager maintains close contact with the patient's medical provider updating her/him about important patient issues, and conducts contact investigations. For patients with pulmonary TB, the case manager performs a contact investigation and refers infected contacts to the TB case to their provider for evaluation and, when indicated, treatment.

3. **Discharge Care Plans ("Gotch")**

TB Program staff, in consultation with the Public Health Officer, reviews discharge care plans and ensures that patients have follow-up medical care and TB medications after discharge. Prior to discharge, a case manager confirms the patient's address and assesses the household to ascertain the presence of high-risk persons. The case manager assists the patient and her/his family in obtaining housing or other services, as needed.

Every effort is made to quickly facilitate the patient's discharge. Discharge may, however, be delayed if the patient does not have appropriate housing or if the patient is infectious and unprotected high-risk persons such as infants or immunocompromised persons live in the same household.

Reporting to Public Health promptly when the diagnosis of TB is first suspected will facilitate rapid approval of the subsequent discharge request.

What must be Reported?

Microscopic, culture, immunologic, serologic, or other evidence suggestive of tuberculosis. This includes but is not limited to:

- All smears positive for AFB
- A positive nucleic acid amplification test (NAAT)
- Identification of mycobacterial growth upon culture media or broth

- Identification of mycobacterial growth as Mycobacterium tuberculosis complex, Mycobacterium bovis, Mycobacterium tuberculosis
- Histologic evidence consistent with tuberculosis
- Drug susceptibility test results on cultures positive for Mycobacterium tuberculosis complex

To whom should reports be submitted?

- Results should be submitted to the local health officer in the jurisdiction where the health care provider who first submitted the specimen is located
- Reference laboratories are responsible for notifying BOTH the laboratory that forwarded the specimen or isolate for testing AND the local health officer in the jurisdiction where the health care provider who submitted the specimen is located
- Submit one positive culture for TB to the local public health laboratory

When should these results be reported to Public Health?

- Within **one working day** from the time the health care provider or referring laboratory is notified of results

What information is required on the report?

- Patient's name and identification number
- Patient's age/date of birth, gender
- Patient's address
- Patient's telephone number
- Provider's name, address, and telephone number
- Date of specimen collection
- Specimen accession number
- Test performed and result
- Date positive results were identified

The lab that first receives a specimen is responsible for obtaining the above information, and labs must forward this same information when transferring specimens between labs.