



Interjurisdictional Referrals

Lisa Edgerton-Johnston April 15, 2026

Accreditation Statement



Accreditation Statement

In support of improving patient care, Mayo Clinic College of Medicine and Science is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Credit Statement(s):

ANCC

Mayo Clinic College of Medicine and Science designates this activity for a maximum of 14.00 ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.



This activity was planned by and for the healthcare team, and learners will receive 14.0 Interprofessional Continuing Education (IPCE) credit for learning and change.

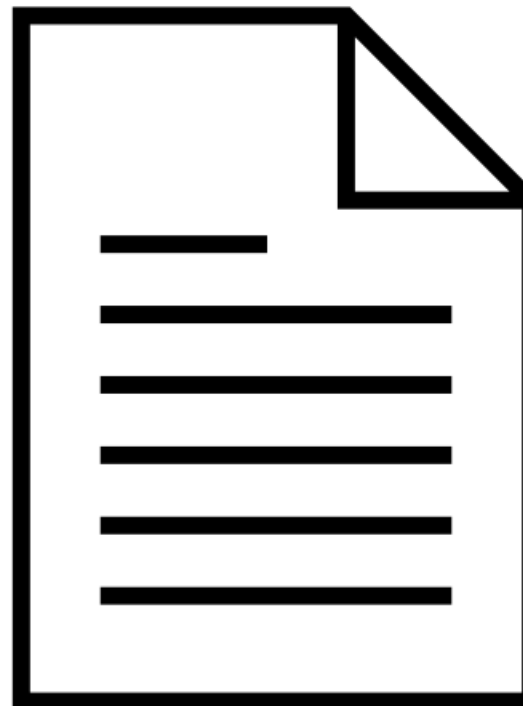
For disclosure information regarding Mayo Clinic School of Continuous Professional Development accreditation review committee member(s) and staff, please go [here](#) to the course accreditation page.

Available Credit

- 14.00 ANCC
- 14.00 Attendance
- 14.00 IPCE

Disclosures

**No relevant financial
disclosures**



Objectives

- Describe the interjurisdictional referral process for TB patients, including legal, ethical and logistical considerations
- Identify key communication strategies for coordinating care between jurisdictions and ensuring continuity of treatment

Goal

Uninterrupted Care & case management

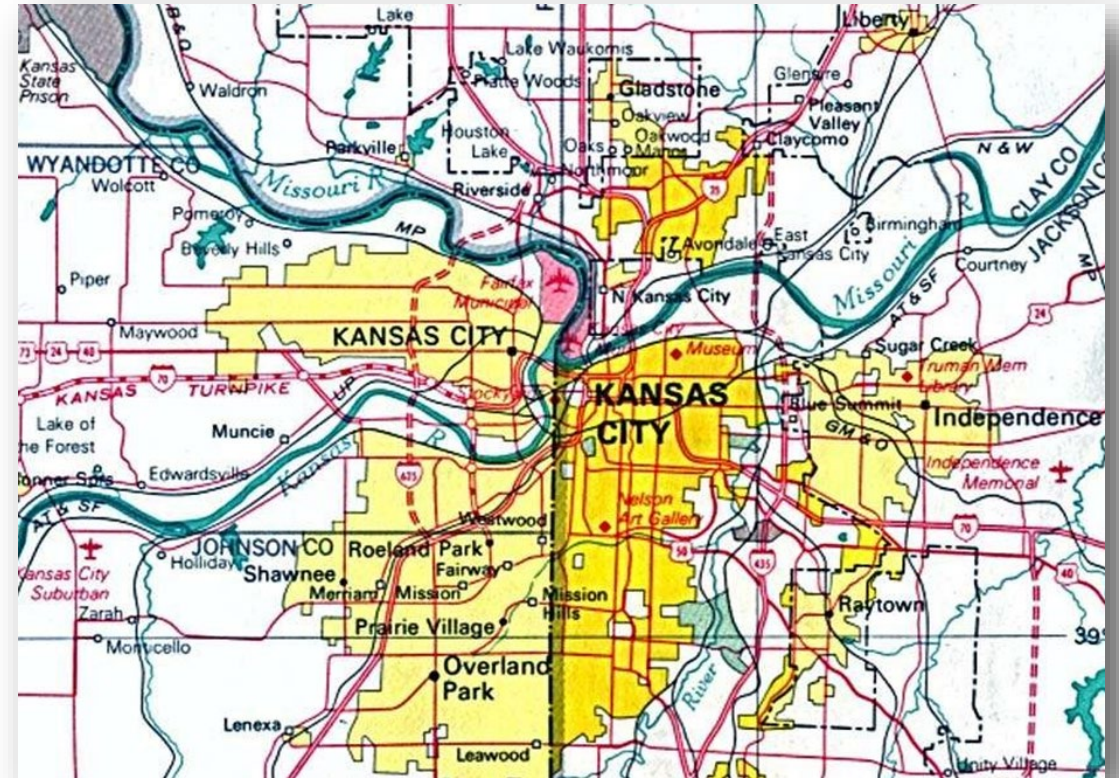


Interjurisdictional Notification

- In State
 - Formal and/or informal
 - Timely
 - detailed
- Out of State
 - Formal and Informal
 - Timely
 - detailed

Logistical considerations

- Timing of departure
- Medication
- VDOT/EDOT
- Travel between states
 - Work in one state live in another
- Active cases in isolation



Isolation Orders

Legal document

- Written by the counties legal department
- Sent through their DA's office
- Served the LHD worker
- Enforced by the sheriff office of police if needed
- Release from Isolation also follows same process

There is reason to believe that the person listed below has active Tuberculosis. The basis for that belief is explained in the attached Statement Justifying Basis of Isolation Order. Tuberculosis in an active state presents a serious health threat to you or others.

The below mentioned person will need to remain isolated at **<Address>** away from the general population to prevent any possible direct or indirect conveyance of Tuberculosis to others.

Person to be Isolated: **Name/ DOB**

The Secretary of the Kansas Department of Health and Environment orders that the person listed above remain in isolation at **<address>** in a manner that separates them from the rest of the general population and any persons living at the address. Other persons issued Isolation Orders due to Tuberculosis residing at the same address may be isolated together. All persons isolated under an Isolation Order shall remain in isolation until a determination has been made that they will not directly or indirectly convey this disease to others, or until the Order is vacated by the Secretary of the Kansas Department of Health and Environment or by order of the court.

You may object to this **Isolation Orders** by requesting a hearing in the district court in accordance with K.S.A. 65-129c and 60-1501 *et seq.* **You are still required to comply with the Isolation Order until and unless the court rules otherwise.** If you are not able to obtain legal counsel, counsel may be appointed to represent you. The court will set a hearing date within seventy-two hours of the filing of the request with the district court, unless the Secretary of the Kansas Department of Health and Environment shows extraordinary circumstances requiring an extension of time.

Any questions regarding this order may be directed to Janet Stanek, Secretary of Kansas Department of Health and Environment, at 785-296-1500 during normal operating hours. For all after-hours questions, please call the KDHE Epidemiology Hotline at 877-427-7317.

Regional Port Authority

- Do Not Board

Person is known or believed to be infectious with, or at risk for developing, a serious contagious disease that poses a public health threat to others during travel; **and** any **one** of the following three:

Person is **not** aware of diagnosis or **not** following public health recommendations, **or**

Person is likely to travel on a commercial flight involving the United States or travel internationally by any means; **or**

Travel restriction is needed to respond to an outbreak of a serious contagious disease or to help enforce a [public health order](#).

A person must meet the first criterion plus one of the three sub-criteria before these tools can be used.

Communication Strategies

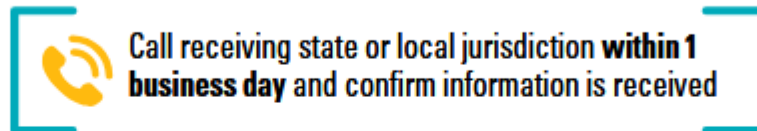
- NTCA IJN Forms
- Cure TB



Active/Evaluation for Possible TB Disease

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Referred for: TB disease continued care
 TB disease evaluation



Date of Expected Arrival:

Client Information

Last Name: First Name: Middle Name:

Date of Birth: Sex at Birth: Gender Identity: Race: Ethnicity:

Country of Birth: Primary Language: Interpreter Needed?

New Address: City:

State/Province/Region: Zip Code: County:

Phone 1: Phone 2: Email:

Immigrant/Refugee Classification EDN A# Transfer Complete in EDN

Alternate Contact Name: Relationship: Phone:

Additional Contact Information:

Diagnosis Verified by
Site of Disease
Info. If Pulmonary
Test results
Treatment Summary
comments

Diagnosis Verified by: **Site of Disease:** **Specify extrapulmonary:**

If Pulmonary: Cavitary Sputum culture conversion documented **Date of first negative sputum culture:**
Isolation: Discontinued Continued isolation necessary, specify:

RVCT (Case Report) Attached (required if counted): Yes No

Tests/Results: i Most recent results are attached
(If not attached, please provide reason) **TST/IGRA:** **Radiology:** **Smear(s):** **NAAT:**
Culture(s): **Susceptibilities (if culture positive):**

Treatment Summary: **MAR/DOT Log Attached:**

Drug: <input type="text"/>	Dosage: <input type="text"/>	Therapy Admin: <input type="text"/>	Date Started: <input type="text"/>	Date Stopped: <input type="text"/>
Drug: <input type="text"/>	Dosage: <input type="text"/>	Therapy Admin: <input type="text"/>	Date Started: <input type="text"/>	Date Stopped: <input type="text"/>
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Current Medication Administration Method: DOT eDOT SAT

Side Effects, Adherence, or Administration Problems:

Estimated Treatment Duration: **Last DOT dose administered on:**

Date medication given for travel: **# of doses in hand for travel:** **Prescription Given:**

Comments:

Follow Up Information – to come back to referring state.

Follow-Up Information

Report Status: **Date of Disposition:** **Reason Dispositioned:**

If Disposition Other:

Evaluation: **Evaluation Outcome:**

Tests/Results: ⓘ
Most recent results are attached
(If not attached, please provide reason)

TST/IGRA: Radiology: Smear(s): NAAT:
Culture(s): Susceptibilities (if culture positive):

Treatment Status: **MAR/DOT Log Attached:** **If not completed, provide reason:**

If Active TB Disease: Counting Jurisdiction: RVCT#

If Patient Moved: Notified New Jurisdiction:

New Address: City:
State/Province/Region: Zip Code: County:
Phone 1: Phone 2: Email:

Comments:



CureTB Transnational Notification

Division of Global Migration Health | E-mail: curetb@cdc.gov | Telephone: 619-542-4013
Web address: www.cdc.gov/cureTB

OMB APPROVED CONTROL
NO 0920-1186
EXP DATE: 5/31/2027

Referring Jurisdiction: _____
City County State Date sent: _____

Contact person: _____ Telephone: _____ Ext: _____ Fax: _____

Referring Agency: _____ E-Mail Address: _____

Verified TB: RVCT: _____ - _____ - _____ or Not reported
Year Reported State (9 digits/letters)
 ICE A#: _____ BOP#: _____ - _____
 Suspected TB Clinical History request (specify year): _____ Immunocompromised (specify): _____

A. Patient

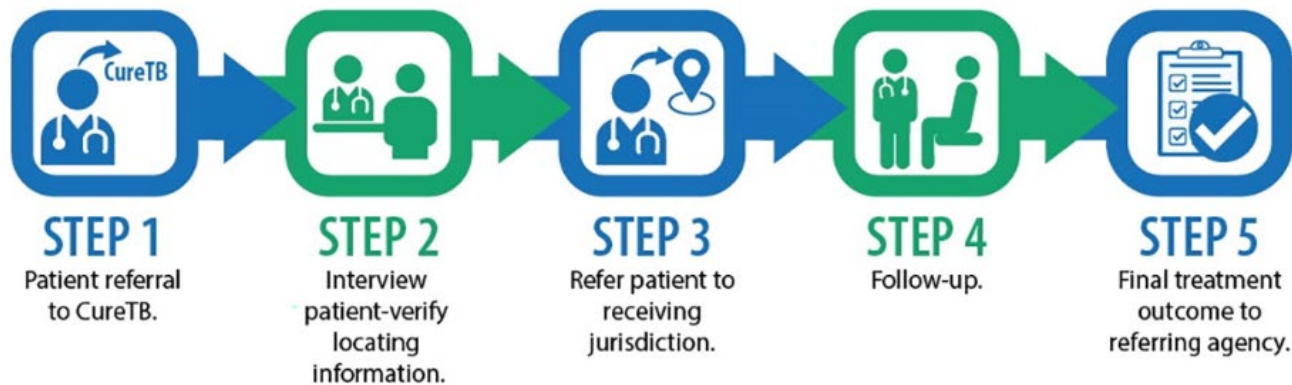
Name: _____
Paternal Maternal
First Middle
Sex: M F Alias: _____ DOB: _____
Email 1: _____ Email 2: _____
 Check if patient/parent not currently at home. Current location: _____ Telephone: _____

B. Info in U.S.

Address: _____
Street Apt City
County State Zip code Home Phone: _____ Cell: _____

Contact person in the U.S.
Name: _____ Home Phone: _____ Cell: _____

How Patients are Linked to TB Care Abroad



CureTB Contact Information

Email: CureTB@cdc.gov

Phone: (619) 542-4013





Lisa Edgerton- Johnston

TB Controller

Kansas Department of Health and Environment

785-296-5589

Lisa.Edgerton-johnston@ks.gov



Thank You/Questions

