



Tuberculosis (TB) Care Across Jurisdictions

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Accreditation Statement



Accreditation Statement

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UAN Number: UAN JA0000238-0000-26-089-L99-P.

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Available Credit

- 18.25 ACPE,
- 18.25 *AMA PRA Category 1 Credit™*
- 18.25 ANCC
- 18.25 Attendance
- 18.25 IPCE

- Neither my organization nor I have/had financial or other relationships with ANY commercial interest organizations within the past 24 months.

A patient with active TB tells you today that they are planning to move out of your jurisdiction next week. What is the **MOST** important first step?

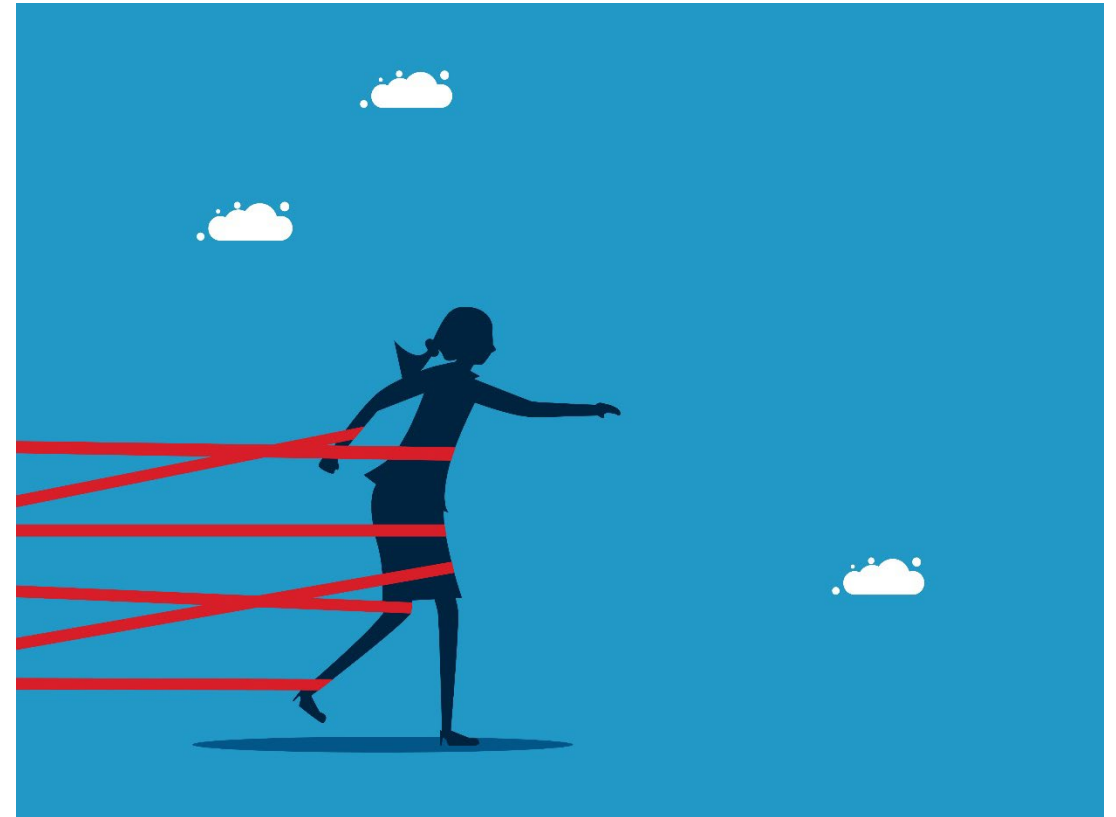
- A. Give the patient enough medication to complete treatment
- B. Wait until the patient establishes care in the new location
- C. Begin transfer planning and communication with the receiving jurisdiction as early as possible.
- D. Close the case once the patient leaves your jurisdiction

Correct answer: C

Objectives

- Understand the difference between Interjurisdictional transfers (IJN) and CureTB transfers.
- Examine transfer challenges using case studies.
- Identify strategies to improve continuity with transfers.

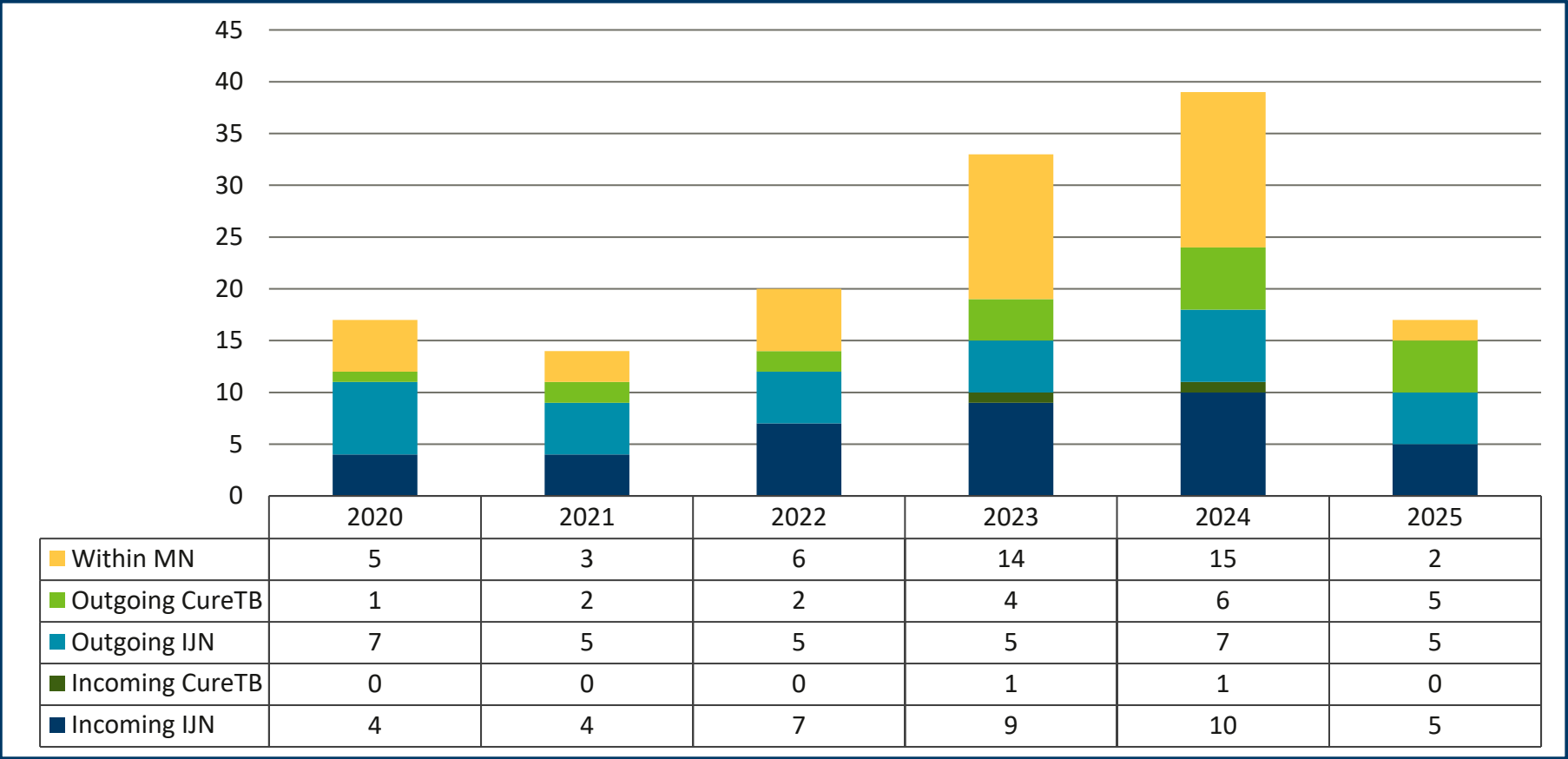
- Continuity in TB care.
- Prevent treatment interruption.
- Prevent the emergence of drug resistance.
- Decrease the risk of TB transmission.
- Enable treatment completion.
- Enable progress towards TB elimination.



Incoming and Outgoing Transfers, 2020 - 2025

Minnesota

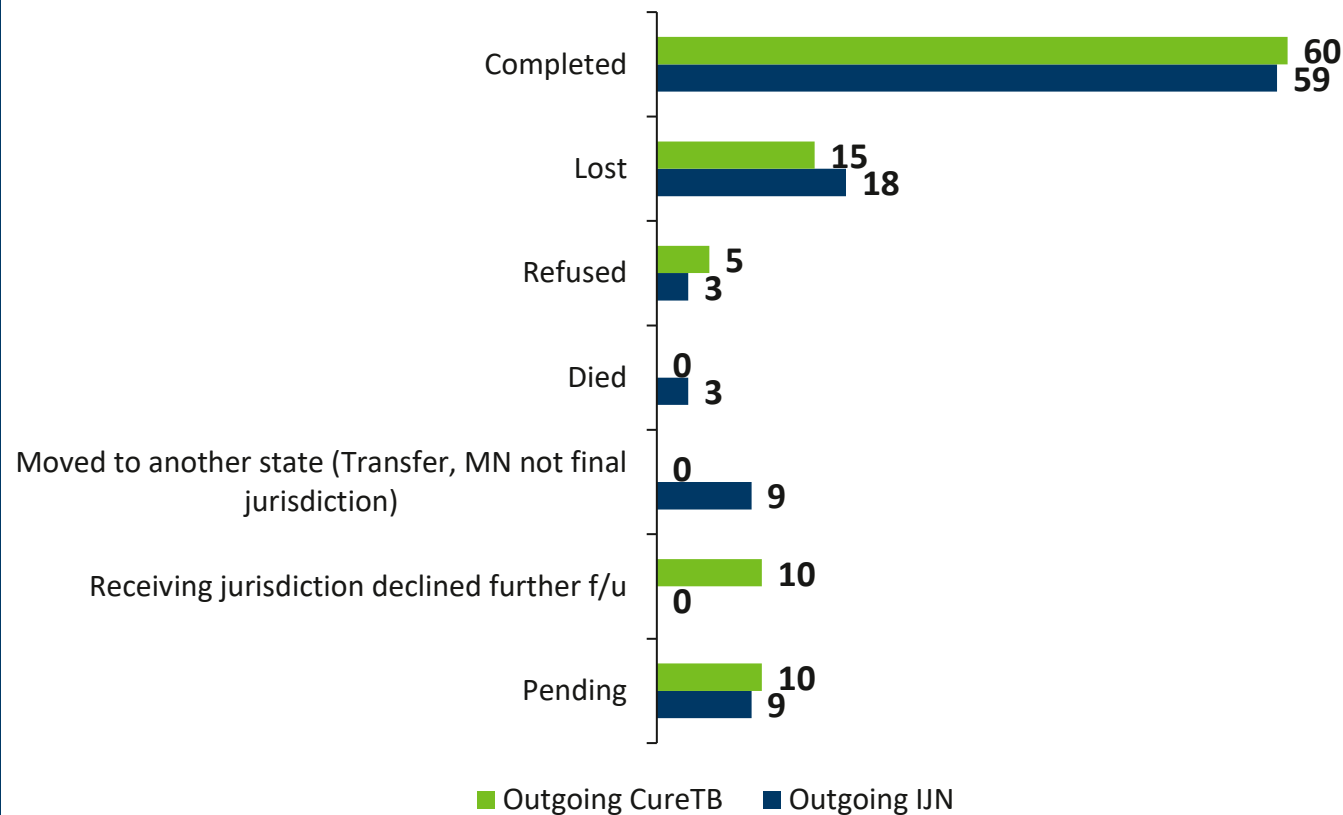
- Incoming total: **41**
- Outgoing total: **54**



Some cases are represented multiple times. This includes only cases MN reported to the CDC, not cases among non-MN residents diagnosed in MN.

Outcomes of Outgoing Referrals

Outcome of referrals by referral type (%)



- Top US states for outgoing IJNs from Minnesota:
 - Texas, Georgia, California
- Top countries for CureTB referrals from Minnesota:
 - Mexico, India, Kenya

What is IJN?

- Interjurisdictional transfer of TB patients.
- Coordination between U.S. jurisdictions.
- Active | Contacts | LTBI
- <https://nationaltbcoalition.org/tb-resources/epidemiology-and-surveillance/interjurisdictional-notifications/>

Interjurisdictional Notifications

Interjurisdictional TB Notification (IJN)

NTCA encourages use of the IJN system to promote uninterrupted TB treatment and case management of persons confirmed with or thought to have TB disease; evaluation, testing and treatment of persons identified as close contacts to a person with infectious TB; and evaluation of persons referred by the Centers for Disease Control and Prevention, Division of Global Migration Health.

Interjurisdictional TB Notification (IJN) Forms

A thumbnail image of the 'Interjurisdictional TB Notification Cover Sheet' form. The form is titled 'Interjurisdictional TB Notification Cover Sheet' and includes a 'Send via Email/Print/Save' button. It contains several sections for data entry, including 'Referring Jurisdiction', 'Receiving Jurisdiction', 'Referring Jurisdiction', and 'Receiving Jurisdiction'. Each section has fields for 'Name', 'DOB', 'Sex', 'Race', 'Ethnicity', 'Address', 'City', 'State', 'Zip', 'Phone', and 'Email'. There are also checkboxes for 'Is this person a close contact?' and 'Is this person a TB case?'. The form is part of the NTCA (National Tuberculosis Coalition of America) system.

Use the links below to download one or more of the IJN forms:

- [Cover Sheet](#): One page used for all referrals
- [Active/Evaluation for Possible TB](#): Two pages summarizing patient status
- [Contact Investigation](#): Two pages summarizing contact demographic information (or exposure setting information) and details about index case (smear/culture/DST)
- [TB Infection/Continued Care \(not a contact\)](#): One page summarizing person prescribed or started on TB infection treatment
- [2026 IJN Form](#): All IJN forms

What is CureTB?

- International TB referral program.
- Supports continuity of care across countries.
- Active | Contacts
- <https://www.cdc.gov/migration-border-health/php/cure-tb/index.html>

CureTB Program

For Public Health
MAR. 30, 2026 • ESPAÑOL

AT A GLANCE

- The goal of the CureTB program is to prevent the spread of tuberculosis (TB) among people who travel between the United States and other countries.
- CureTB collaborates with health authorities in the United States and around the world.



Case Study 1

Case 1: Overview

- **12/29/25**: Interstate TB patient transfer for work.
- 35yo male with Pulmonary TB.
- QuantiFeron positive; HIV negative.
- Chest X-ray revealed multiple cavities.
- Sputum smear/ PCR/ Culture positive and Pansensitive.
- DOT since October; had 5 days of medication.
- Clinical improvement → smear-negative.
- Locating information and phone number.

Interjurisdictional TB Notification
Active/Evaluation for Possible TB Disease PAGE 1 OF 2

Referred for: ☐ TB disease continued care ☒ TB disease evaluation  Call receiving state or local jurisdiction within 1 business day and confirm information is received 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: Character limit: 125

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: 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	Dosage	Therapy Admin:	Date Started:	Date Stopped:

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: Character limit: 350

INTERJURISDICTIONAL TB NOTIFICATION (IJN) | <https://bit.ly/interjurisdictional-notifications>
NOTE: This form contains confidential patient information. Please comply with HIPAA regulations when sending this form. | Rev: 3/2026

Case 1: Established Care

- Patient connected via text and phone with PHN.
- Checked medications.
- Confirmed lack of insurance.
- Referral to TB clinic.
- **01/05/26**: Patient evaluated by provider.
- **01/06/26**: text exchange confirms DOT visit.
- **01/07/26**: patient not found at address.



Case 1: Lost to Follow-up

- Unable to locate patient.
- Text and calls, no response.
- Home visit unsuccessful.
- Possible ICE detention.
- No response from ICE.
- Informed the referring jurisdiction.
- **Company confirmed detention during Operation “Metro Surge” on 01/06/26.**



Case 1: Lessons Learned

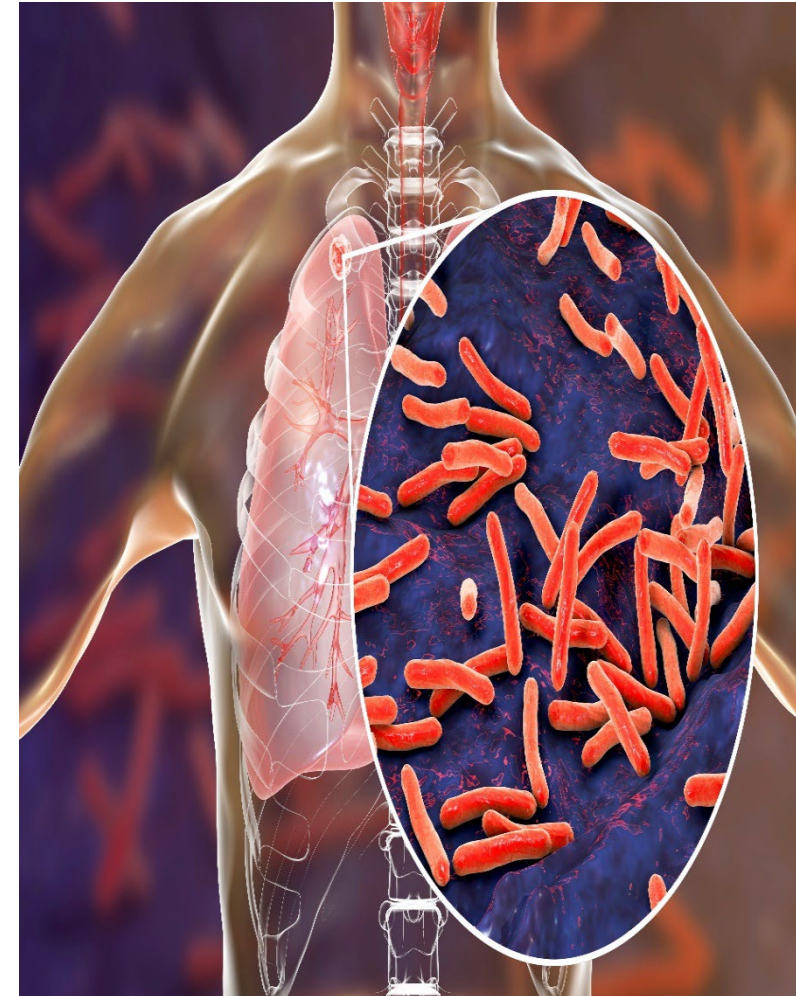
- Continue communicating with the referring jurisdiction.
- ICE surges disrupt care continuity.
- Lack of communication systems.
- Need for contingency planning.



Case Study 2

Case 2: Overview

- 37yo female visitor from Kenya, **June 2022**.
- **August 12**: Cough, chest pain, fever, night sweats, weight loss.
- QuantiFeron positive; HIV negative
- Chest X-ray revealed multiple cavities.
- Sputum smear-positive, PCR-positive, no rpoB mutation.
- Prior treatment in Kenya for 6 months, more than a year ago.
- Started treatment on **8/13/22**.
- Pulmonary, Culture positive, Pansensitive.



Case 2: Barriers

- Discharged to home isolation since smear positive.
- DOT ongoing.
- Family did not want her in their home.
- County provided a hotel room and food.
- Patient was advised several times that she is not permitted to fly while infectious.
- Visa limitations; return ticket **09/11/22**.
- DGMH submitted a fee waiver letter to the airline.
- Last DOT was **09/23/22**, and she left without informing public health.



Case 2: Intervention

- Weekend medication supply.
- No address information, no phone number, just an email.
- **09/26/22**: Email message sent.
- **09/27/22**: CureTB referral.
- **10/27/22**: CureTB: Patient at Kenyatta Hospital in Nairobi.
- **03/23/23**: Patient emailed that treatment was completed on 03/20/23
- **03/25/23**: CureTB: Outcome information.

CDC  **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: _____ Date sent: _____
City County State

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: _____
Relationship: _____ Email: _____

C. Destination Country

Address: _____
Street City Country
Apt State Zip code

Contact person at destination
Name: _____ Home Phone: _____ Cell: _____
Relationship: _____ Email: _____

D. Clinical Information

Case 2: Lessons Learned



CureTB is a global resource.

Global coordination works.

Early planning is critical.

Collect locating information at the start.

Case Study 3

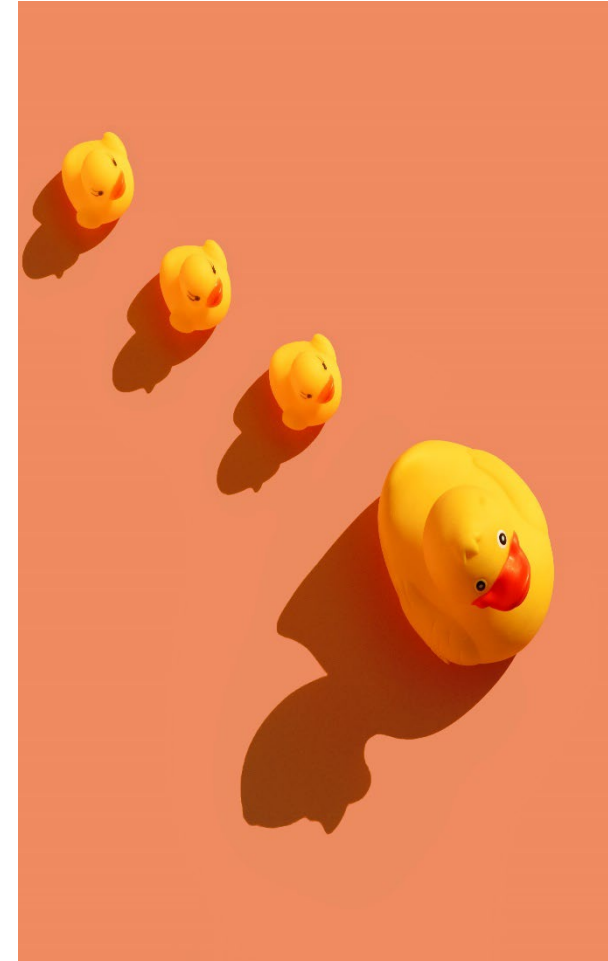
Case 3: Overview

- 50yo male, Pulmonary TB.
- **11/08/22**: Persistent cough after pneumonia treatment.
- QuantiFeron positive; HIV negative.
- Chest X-ray and Chest CT revealed multiple cavities.
- Sputum smear-positive, PCR-positive, no mutations for resistance.
- Prior LTBI treatment in 2015 due to TB exposure.
- Started treatment on **11/21/22**. Culture positive, Pansensitive.
- Infectious period **06/01/22**
- Small group of contacts and no kids under 5 yrs.



Case 3: Contact

- **01/05/23**: family with 2yo and 6yo not previously disclosed contacts.
- They are in Vietnam; the 2yo is sick and hospitalized. Family requesting financial assistance.
- **01/05/23**: CureTB contacted to request information and assistance.
- Information may be available **IF** the child has been reported to the National TB Program (NTP).
- **01/13/23**: Father returns to US with 6yo. Requests evaluation for 6yo.
- 2yo in Vietnam in an induced coma with a shunt to relieve cranial pressure.
- Father reports baby was fine when they left in December 2022.



Case 3: Contact Outcome

- **02/10/23**: Father reports child continues to be hospitalized.
- **04/11/23**: Final CureTB: no information from the Vietnam NTP.
- **07/10/24**: Local hospital calling us for clinical information on 2yo. (now 3yo)
- Returned to the U.S. with CNS deficits and in rehab.



Case 3: Lessons Learned

- Need for caregiver education.
- Children under 5 yrs. are extremely vulnerable.
- Importance of finding contacts.
- Limits of CureTB assistance in private systems.



Based on the three cases, which action is **MOST** likely to improve continuity of TB care when a patient may relocate?

- A. Provide additional medication before departure
- B. Wait until travel plans are confirmed before initiating transfer planning
- C. Begin planning early, obtain complete locating information, educate the patient/family, and establish communication with the receiving system
- D. Rely primarily on the patient to establish care after relocation

• **Correct answer: C**

Implications for Practice

- Mobility disrupts TB care.
- Systems are not fully connected.
- Continuity of care is fragile.
- Early communication is critical.
- Coordination is essential.
- Educate patients and families.
- Build trust and rapport.
- Collect complete locating information early.



Vera-Garcia, C., Duran-Pena, O., Ramirez, M., Vonnahme, L., Sandoval-Rosario, M., Vang, A., Lasry, A., Rodriguez-Lainz, A. (2026) Continuity of Care for Patients with Tuberculosis Relocating to Other Countries — CureTB Program, 2016–2023. *MMWR Morbidity and mortality weekly report*. 75:34–40.
DOI: <http://dx.doi.org/10.15585/mmwr.mm7503a1>

Thank You!

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