

Transfer Protocols – RVCT Reporting for Tuberculosis Patients that Move

(Revised March 2023)

I. Introduction

This document was created by the Tuberculosis Control Branch (TBCB) to assist local health jurisdictions in reporting TB cases that move before initiating or completing therapy. Local health jurisdictions are responsible for reporting TB cases that move, and unless otherwise noted, should report updated information to the TBCB Registry via the California Reportable Disease Information Exchange (CalREDIE).

The instructions below are for:

- [Referring Jurisdictions](#): You are a referring jurisdiction if the TB case was initially counted or being cared for by your jurisdiction at the time the patient moved.
 - [Transfer to another local health jurisdiction in California](#)
 - [Transfer to another U.S. reporting area](#)
 - [Transfer to another country](#)
- [Destination Jurisdictions](#): You are a destination jurisdiction if you receive a TB patient that has already been counted by another jurisdiction.
 - [Transfer from another local health jurisdiction in California](#)
 - [Transfer from another U.S. reporting area](#)
 - [Transfer from another country](#)

Additional information is provided regarding:

- [Correctional Facility Patients who are Transferred, Paroled or Released](#)
- [Additional Resources](#)

II. Referring Jurisdiction Responsibilities

You are a referring jurisdiction if the TB case was initially counted or being cared for by your jurisdiction at the time the patient moved. When a patient moves out of your jurisdiction before initiating or completing therapy, you have several responsibilities to ensure continuity of care for the patient, including notifying the destination jurisdiction and forwarding relevant medical records to them. It is also your responsibility to notify the TBCB Registry when a patient moves using the steps below based on where the patient is moving.

Transfer to another local health jurisdiction in California

1. Complete or update the **RVCT** in CalREDIE if this has not already been done.
2. In the **Case Outcome** section in the RVCT, ensure the following fields are entered:
 - **Did Patient Move During Therapy? [CDC #38]**. Select “Yes” and “Another in State Jurisdiction”. Indicate the destination jurisdiction in “Specify CA jurisdiction”.
 - **Date Therapy Stopped [CDC #39]**. If the patient started therapy for TB in your jurisdiction, enter the date the patient stopped taking therapy under your jurisdiction’s care. Ideally, this would be the date the patient last ingested medicine in your jurisdiction as documented in a medical record. Refer to the RVCT training for more instructions for determining date therapy stopped. If the patient resumes treatment within California, the date therapy stopped will be updated by the receiving jurisdiction.
 - **Reason Therapy Stopped or Never Started [CDC #40]**. You may leave this field blank or select “Other” and specify “patient move”. For patients that move within California, this field will be updated by the receiving jurisdiction. Note that **“Other” should not be the final outcome for patients that move within California**. If the patient resumes treatment within California, this field will be updated by the receiving jurisdiction. If a final outcome is not entered, you will be requested to update this field during the Registry’s Quality Control process.
3. In the **Patient** tab in CalREDIE, enter the new address.
 - Click on the blue icon to the right of the Zip field. When hovering over the icon, it reads “Multiple Addresses”. A new window will appear. Click “New” at the bottom of the window and enter the new address into the form. Select the “Address Type” from drop down menu. There’s also an option to enter the date when the patient moved to the new address in the “From Date” field. Click “Save” at the bottom of the form. The new address will be maintained as a secondary address. Please note the “Primary Address” designation reflects the patient address when the patient resided in the referring (counting) jurisdiction.
4. Transfer the incident in CalREDIE to the destination jurisdiction. In the **Case Investigation** tab in CalREDIE:
 - Change the **Primary Jurisdiction** field to the destination jurisdiction. This will give that jurisdiction read and write access to the RVCT so that they can update the record as needed. If you created the incident in CalREDIE, you would retain read-only access as the secondary jurisdiction. You can review the updated information entered by the destination jurisdiction.
 - Change the **Process Status** to “Jurisdiction Transfer”. This will allow the destination jurisdiction to easily identify any cases that have been transferred to them. Jurisdictions using ARNOLD (the CalREDIE Advanced Results Notification and Online Delivery system) can also configure the system to notify them of transferred cases based on the process status of Jurisdiction Transfer. Contact the [CalREDIE Helpdesk](mailto:CalREDIEHelp@cdph.ca.gov) (CalREDIEHelp@cdph.ca.gov or 866-866-1428) with questions regarding ARNOLD.

5. Notify the health department of the destination jurisdiction immediately upon learning of a patient's impending departure from your jurisdiction using the [National Tuberculosis Controllers Association \(NTCA\) Interjurisdictional TB Notification \(IJN\) form](https://www.tbcontrollers.org/docs/resources/IJN_Form_2022_08.10_FINAL_ActiveTB.pdf) (https://www.tbcontrollers.org/docs/resources/IJN_Form_2022_08.10_FINAL_ActiveTB.pdf).
 - Refer to the [NTCA website](#) and [IJN Companion Guide](#) for further guidance on how to complete the IJN forms.
 - Contact the destination jurisdiction and forward pertinent medical records as needed. To ensure that each case is only counted once, confirm with the destination jurisdiction that you have reported the case to TBCB.
 - Note that CalREDIE allows users to upload records (i.e., lab reports, chest x-rays, progress notes, other documentation of patient care) to the Electronic Filing Cabinet (EFC). The destination jurisdiction will have access to these files once they accept the incident.
6. When the patient has completed therapy (or met another treatment outcome), the destination jurisdiction will update the RVCT in CalREDIE. As the referring jurisdiction, you can view this information in CalREDIE.
7. If the patient cannot be located by the destination jurisdiction, you may be asked by either the destination jurisdiction or the TBCB Registry for any further information on the patient's whereabouts. If the patient cannot be located, you can report "Lost" in **Reason Therapy Stopped or Never Started [CDC #40]** in the RVCT.
 - Local TB programs are encouraged to follow-up with their TBCB program liaison when a TB III or high priority TB V has been lost to follow-up. Program liaisons will assist with record searches and/or suggestions to possibly locate the patient.

Transfer to another U.S. reporting area

1. Complete or update the **RVCT** in CalREDIE if this has not already been done.
2. In the **Case Outcome** section in the RVCT, ensure the following fields are entered:
 - **Did Patient Move During Therapy? [CDC #38]**. Select "Yes" and "Out of state." Indicate the destination U.S. reporting area.
 - **Date Therapy Stopped [CDC #39]**. If the patient started therapy for TB in your jurisdiction, enter the date the patient stopped taking therapy under your care. Ideally, this would be the date the patient last ingested medicine in your jurisdiction as documented in a medical record. Refer to the RVCT training for more instructions for determining date therapy stopped. If the patient resumes treatment in the destination jurisdiction, you will update the date therapy stopped when you receive confirmation from them.
 - **Reason Therapy Stopped or Never Started [CDC #40]**. You may leave this field blank or select "Other" and specify "patient move". The destination jurisdiction should provide you with the final outcome. **"Other" should not be the final outcome for moves within U.S. reporting areas.** If a final outcome is not

documented, you will be requested to update this RVCT field during the Registry's Quality Control process.

3. Ensure your jurisdiction maintains access to the RVCT in CalREDIE. Report the patient move in the **Case Outcome** section in the RVCT but keep your jurisdiction as the primary jurisdiction in CalREDIE so that you can make updates as necessary and document the final outcome. Your jurisdiction will be responsible for responding to the Registry's Quality Control inquiries for this patient and making the corrections in CalREDIE.
 - **Do not select "Out of State" in the Jurisdiction field in the Case Investigation tab in CalREDIE. Your jurisdiction may lose access to the incident.**
4. Notify the health department of the destination U.S. reporting area immediately upon learning of a patient's impending departure from your jurisdiction using the [National Tuberculosis Controllers Association \(NTCA\) Interjurisdictional TB Notification \(IJN\) form](https://www.tbcontrollers.org/docs/resources/IJN_Form_2022_08.10_FINAL_ActiveTB.pdf) (https://www.tbcontrollers.org/docs/resources/IJN_Form_2022_08.10_FINAL_ActiveTB.pdf).
 - Refer to the [NTCA website](#) and [IJN Companion Guide](#) for further guidance on how to complete the IJN forms.
 - Contact the destination U.S. reporting area and forward pertinent medical records. To ensure that each case is only counted once, let the destination jurisdiction know that you have reported this case to the TBCB and CDC.
5. If the patient continued therapy in another U.S. reporting area, **you are responsible** for collecting the information from the destination jurisdiction and ensuring complete reporting of the case, including reporting final patient outcomes in **Date Therapy Stopped [CDC #39]** and **Reason Therapy Stopped or Never Started [CDC #40]**.
6. If the patient cannot be located by the destination jurisdiction, you may be asked by either the destination jurisdiction or the TBCB Registry for any further information on the patient's whereabouts. If the patient cannot be located, you can report "Lost" in **Reason Therapy Stopped or Never Started [CDC #40]** in the RVCT.
 - Local TB programs are encouraged to follow-up with their TBCB program liaison when a TB III or high priority TB V has been lost to follow-up. Program liaisons will assist with record searches and/or suggestions to possibly locate the patient.

Transfer to another country

1. Complete or update the **RVCT** in CalREDIE if this has not already been done.
2. In the **Case Outcome** section in the RVCT, ensure the following fields are entered:

- **Did Patient Move During Therapy? [CDC #38].** Select “Yes” and “Out of United States”. Indicate the destination country in “Specify Country” and whether a transnational referral to the CureTB program was completed in “Transnational Referral Made?”.
 - **Date Therapy Stopped [CDC #39].** If the patient started therapy for TB in your jurisdiction, enter the date the patient stopped taking therapy under your care. Ideally, this would be the date the patient last ingested medicine in your jurisdiction as documented in a medical record. Refer to the RVCT training for more instructions for determining date therapy stopped. If you receive treatment outcome information from CureTB, you can update this date as applicable.
 - **Reason Therapy Stopped or Never Started [CDC #40].** You may leave this field blank or select “Other” and specify “patient move”. If you receive treatment completion information from CureTB, you can update the final outcome when documentation is received. Note that CureTB may differentiate between “cured” and “completed treatment”. Both types of outcomes can be entered as “treatment completion”.
 - Since 2015, TBCB collaborates with CureTB to obtain confirmation of treatment outcomes on patients referred through this program. TBCB will check that treatment completions have been updated in CalREDIE and enter them if the LHJ has not already done so.
3. Ensure your jurisdiction maintains access to the RVCT in CalREDIE. Report the patient move in the **Case Outcome** section in the RVCT but keep your jurisdiction as the primary jurisdiction in CalREDIE so that you can make updates as necessary. Your jurisdiction will be responsible for responding to the Registry’s Quality Control inquiries for this patient and making the corrections in CalREDIE.
- **Do not select “Out of Country” in the Jurisdiction field in the Case Investigation tab in CalREDIE. Your jurisdiction may lose access to the incident.**
4. Patients moving out of the United States should be referred through the [CureTB program](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/cure_tb.html) (https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/cure_tb.html). Notify CureTB upon learning of a patient’s impending departure from your jurisdiction.
- Complete the [CureTB Transnational Notification Form](https://www.cdc.gov/usmexicohealth/pdf/Form-CureTBTransnational.pdf) (<https://www.cdc.gov/usmexicohealth/pdf/Form-CureTBTransnational.pdf>) and forward pertinent medical records.
 - Note that referrals from California should be made to the San Diego office of CureTB (email: CureTB.hhsa@sdcounty.ca.gov; phone: 619-542-4013).

III. Destination Jurisdiction Responsibilities

You are a destination jurisdiction if you receive a TB patient that has already been counted by another jurisdiction. The previous jurisdiction should notify you that the patient is moving into your jurisdiction to start or continue therapy under your supervision. Follow the

instructions below based on the original location of the patient to ensure complete reporting to TBCB.

Transfer from another local health jurisdiction in California

1. Within 30 days, provide follow-up information using the [NTCA Interjurisdictional TB Notification Form](https://www.tbcontrollers.org/docs/resources/IJN_Form_2022_08.10_FINAL_ActiveTB.pdf) (https://www.tbcontrollers.org/docs/resources/IJN_Form_2022_08.10_FINAL_ActiveTB.pdf) to notify the referring jurisdiction that you have located the patient, or that the patient could not be located.
 - Local TB programs are encouraged to follow-up with their TBCB program liaison when a TB III or high priority TB V has been lost to follow-up. Program liaisons will assist with record searches and/or suggestions to possibly locate the patient.
2. Accept the TB incident transfer in CalREDIE to view the case information, including the RVCT. If the patient cannot be located, transfer the incident back to the referring jurisdiction so that they can update the record.
3. Update the **Case Outcome** section in the RVCT.
 - **Date Therapy Stopped [CDC #39]**. Enter the date when the patient meets a final treatment outcome. This will supersede the date entered (if any) by the referring jurisdiction.
 - **Reason Therapy Stopped or Never Started [CDC #40]**. Select the reason therapy was stopped or never started in your jurisdiction. This will supersede the reason entered (if any) by the referring jurisdiction. **“Other” should not be the final outcome for patients that move within California.** If a final outcome is not documented, you will be requested to update this RVCT field during the Registry’s Quality Control process.

Note to all jurisdictions receiving patients from another California jurisdiction:

The Quality Control (QC) line listings provided by the TBCB Registry will include patients reported as moved into your jurisdiction as indicated in the **Case Outcome** section in the RVCT. Please update the RVCT fields as described above for each patient who was reported to have moved into your jurisdiction. For example, indicate if a patient that moved into your jurisdiction was never found, has completed therapy, or moved again. This can be done directly in CalREDIE.

Transfer from another U.S. reporting area

1. Within 30 days, provide follow-up information using the [NTCA Interjurisdictional TB Notification Form](https://www.tbcontrollers.org/docs/resources/IJN_Form_2022_08.10_FINAL_ActiveTB.pdf) (https://www.tbcontrollers.org/docs/resources/IJN_Form_2022_08.10_FINAL_ActiveTB.pdf) to notify the referring jurisdiction that you have located the patient, or that the patient could not be located.
 - Local jurisdictions who need assistance with locating lost patients may contact their respective [TBCB program liaison](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx):
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx.
2. When the patient is located, submit a non-countable case to TBCB. Create a new incident with the patient's new address and submit a non-countable RVCT in CalREDIE. Re-enter the RVCT data from the referring jurisdiction with the following exceptions:
 - **Date Reported [CDC #1]** and **Date Counted [CDC #2]**. Enter dates from your jurisdiction's perspective.
 - **State Case Number [CDC #3]**. Assign a California state case number.
 - **Case Already Counted by Another Reporting Area? [CDC #5]**. Select "Yes, another U.S. reporting area". Enter their state case number in "State Case Number From Other Area". Contact the referring jurisdiction for this information if it was not provided. The Registry can also assist in obtaining this information if needed.
 - **Reporting Address [CDC #6]**. Note that the address fields in the RVCT are auto populated based on the address fields from the **Patient** tab in CalREDIE when you **first initially load the RVCT**.
3. Complete the **Case Outcome** section in the RVCT when the patient meets a treatment outcome. Send a copy of the RVCT to the referring jurisdiction in addition to the [NTCA Interjurisdictional TB Notification Form](https://www.tbcontrollers.org/docs/resources/IJN_Form_2022_08.10_FINAL_ActiveTB.pdf) (https://www.tbcontrollers.org/docs/resources/IJN_Form_2022_08.10_FINAL_ActiveTB.pdf).

Transfer from another country

A patient diagnosed in another country may be reported as a countable or non-countable case depending on the situation. Please refer to the [RVCT instruction manual](#) in Appendix B for Recommendations for Reporting, Verifying and Counting Tuberculosis Cases. The TBCB Registry can also assist you to determine how to report transferred cases from other countries.

Case Outcome Section - RVCT Question	Description
Date Specimen Collected for Last Positive Sputum Culture [CA #4]	Complete only for patients who had at least one positive sputum culture.
*Sputum Culture Conversion Documented [CDC #37]	Record a documented sputum culture conversion.
Did Patient Moved During Therapy? [CDC #38]	Document all patient moves. If the form does not have space to document all the patient moves, enter the patient's most recent location.
*Date Therapy Stopped [CDC #39]	Record the final therapy stop date.
*Reason Therapy Stopped or Never Started? [CDC #40]	Record the reason therapy was stopped on the date entered in CDC #39 above.
*Reason TB Disease Therapy Extended >12 Months [CDC #41]	Select all reasons contributing for the extension if applicable.
Treatment Administration [CDC #42]	<p>Select all types of directly observed therapy (DOT). For example, if a patient received totally directly DOT in one jurisdiction and electronic DOT (EDOT) in another, both checkboxes should be completed.</p> <p>Note that DOT weeks is no longer required in the RVCT 2020</p>
Provider(s) of TB Treatment? [CA #5]	Select all types of care providers involved in TB disease treatment.
*Did the Patient Die (Either Before Diagnosis or at Any Time While Being Followed by Program)? [CDC #43]	Document whether the patient died (for any reason) while the TB program was following the patient. This includes patients who were not able to start or complete TB therapy because the patient passed away.

Note: Only fields marked with a * should be updated for patients who moved out of the country, if or when information is available.

IV. Correctional Facility Patients who are Transferred, Paroled or Released

RVCT reporting requirements for this important group of patients are identical to those for non-correctional patients. If a resident of a correctional facility has been counted as a case of TB in your jurisdiction, see [Referring Jurisdiction Responsibilities](#) above. If a correctional TB patient who has already been reported by another jurisdiction is transferred, released or paroled into your LHJ before starting or completing therapy, see [Destination Jurisdiction Responsibilities](#) above. Designated correctional liaisons can assist you in identifying the location and treatment status for each correctional TB case.

- Local jurisdictions who need assistance with locating lost patients may contact their [TBCB program liaison](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx) (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx).

For further information on the roles and responsibilities of LHJs and correctional facilities in ensuring continuity of care for TB patients in correctional facilities, please refer to CTCA's [Guidelines for Coordination of TB Prevention and Control by Local and State Health Departments and California Correctional Health Care Services](https://ctca.org/wp-content/uploads/2018/11/FinalCorrections2015.pdf) (https://ctca.org/wp-content/uploads/2018/11/FinalCorrections2015.pdf).

V. Additional Resources

[NTCA Interjurisdictional Tuberculosis Notification \(IJN\)](https://www.tbcontrollers.org/resources/interjurisdictional-transfers)

<https://www.tbcontrollers.org/resources/interjurisdictional-transfers>

[NTCA IJN Companion Guide](https://www.tbcontrollers.org/docs/resources/IJN_CompanionGuide_2022_08_10_FINAL.pdf)

https://www.tbcontrollers.org/docs/resources/IJN_CompanionGuide_2022_08_10_FINAL.pdf

[NTCA IJN TB Form](https://www.tbcontrollers.org/docs/resources/IJN_Form_2022_08.10_FINAL_ActiveTB.pdf)

https://www.tbcontrollers.org/docs/resources/IJN_Form_2022_08.10_FINAL_ActiveTB.pdf

TB Program contacts

[California Tuberculosis Controllers Association \(CTCA\) Directory](https://ctca.org/wp-content/uploads/CTCA-Directory.pdf)

<https://ctca.org/wp-content/uploads/CTCA-Directory.pdf>

[NTCA State, Big City, and Territory TB Program Contacts](http://www.tbcontrollers.org/community/statecityterritory)

<http://www.tbcontrollers.org/community/statecityterritory>

International referral organizations and contacts

[CureTB](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/cure_tb.html)

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/cure_tb.html

[CDC International TB contacts](http://www.cdc.gov/tb/programs/international/default.htm)

<http://www.cdc.gov/tb/programs/international/default.htm>

For questions or assistance with TB patients that move

Contact TBCB Registry at TBCBRegistry@cdph.ca.gov or (510) 620-3026.