



TUBERCULOSIS REPORTING REQUIREMENTS

Medical, dental, osteopathic and other health care providers and administrators of hospitals or other institutions providing care and treatment — or their designees, including infection control practitioners — are required by the New York City (NYC) Health Code §§11.03 and 11.05 to report all patients, alive or deceased, with suspected or confirmed tuberculosis (TB) disease to the NYC Health Department within 24 hours of diagnosis or clinical suspicion. Medical providers must report these patients even though microbiologists and pathologists are also required to report findings consistent with TB. Note that the reports must be submitted using the Universal Reporting Form (URF) and must be received by the Health Department within 24 hours of diagnosis or clinical suspicion, whether sent electronically, by express or overnight mail, by fax or by telephone.

IT IS MANDATORY TO REPORT PATIENTS WHO MEET ANY OF THE FOLLOWING CRITERIA:

- Positive nucleic acid amplification (NAA) test result (e.g., Gen-Probe® Amplified™ *Mycobacterium Tuberculosis* test, GeneXPert®, Hain Lifescience GenoType MTBDRplus) for *Mycobacterium tuberculosis* (*M. tuberculosis*) complex
- Positive culture for *M. tuberculosis* complex, including: *M. tuberculosis*, *M. africanum*, *M. bovis-BCG*, *M. caprae*, *M. canetti*, *M. microti*, *M. pinnipedii*, *M. bovis*, *M. dassie*, *M. mungi*, *M. orygis*
- Biopsy, pathology or autopsy findings consistent with TB disease, including caseating or necrotizing granulomas in biopsy of lung, lymph nodes or other specimens
- Positive smear (from any anatomical site) for acid-fast bacilli (AFB)
- Clinical suspicion of pulmonary or extrapulmonary TB such that the health care provider has initiated or intends to initiate isolation or treatment for TB disease with two or more anti-TB medications
- Any child younger than 5 years of age (on the day of specimen collection up to the day of the fifth birthday), with a positive tuberculin skin test (TST) or interferon gamma release assay (IGRA) result, regardless of whether the child has received a Bacille Calmette-Guerin (BCG) vaccination. For these patients, providers must also report chest imaging results and any preventive medication initiated for latent TB infection

Laboratories are required to report via the New York State (NYS) Electronic Clinical Laboratory Reporting System (ECLRS). Per the NYC Health Code sections §§13.03 and 13.05, the following results must be reported to the Health Department, whether confirmed or presumptive, for patients alive or deceased, within 24 hours of obtaining test results:

- AFB-positive smears (regardless of anatomic site)
 - NAA test results and cultures positive for *M. tuberculosis* complex
 - Results of susceptibility tests performed on *M. tuberculosis* complex cultures
 - Biopsy, pathology or autopsy findings consistent with TB disease, including but not limited to presence of AFB on smear and caseating and/or necrotizing granulomas that are consistent with TB in the lung, lymph nodes or other specimens
 - Any culture or NAA result associated with an AFB-positive smear (even if negative for *M. tuberculosis* complex)
 - For patients with a positive TB diagnostic laboratory result, all subsequent TB diagnostic laboratory results (negative or positive) from specimens collected within one year of the most recent positive result
 - Positive IGRA result (e.g., QuantiFERON Gold (QFT), QuantiFERON Gold Plus (QFT-Plus), T-SPOT) for TB infection for any child younger than five years of age (on the day of the specimen collection up to the day of the fifth birthday).
- Health Code §13.05(a) also mandates that a portion of the initial culture be sent for DNA analysis to the NYC Public Health Laboratory (455 First Avenue, Room 236; New York, NY 10016) within 24 hours of observing growth of *M. tuberculosis* complex in a culture from any specimen. A specimen submitted to the Health Department for drug susceptibility testing meets this requirement unless the Health Department notifies otherwise.

Health care providers in NYC are encouraged to submit reports electronically through a NYCMED account. Alternatively, providers may fax a completed URF to BTBC at **844-713-0557/0558**. Information reported on the URF should be as complete as possible. The following essential information must be included when the report is submitted to the Health Department:

- Information needed to identify and locate the individual (e.g., name, telephone, address, date of birth)
 - Provider information (e.g., physician's name, reporting facility, phone number, email)
 - Results of acid-fast bacilli (AFB) smear (including specimen source, date specimen obtained and accession number)
 - Results of radiologic exams (X-ray or imaging)
 - Any treatment information
 - Quantitative and qualitative results from tuberculin skin test (TST) or blood-based test (IGRA) for children younger than 5 years of age with latent TB infection
- Reporting should never be delayed pending identification of *M. tuberculosis* with an NAA test or culture. Patients should be reported whenever TB is suspected, even if bacteriologic evidence of disease is lacking or treatment has not been initiated. If TB treatment is initiated after submitting the initial disease report, the provider is required to submit a corrected report.
- For more information and to download related forms, call 311 and ask for the Bureau of Tuberculosis Control (BTBC) Surveillance Unit or go to nyc.gov and search "TB reporting requirements." To download a URF, go to nyc.gov and search "URF." To create a NYCMED account, go to nyc.gov and search for "NYCMED."

REPORTING PATIENT FOLLOW-UP AND SUBMITTING HOSPITAL DISCHARGE AND TREATMENT PLANS

Health Code §11.21(a)(3) requires the treating physician to report whether the patient completed treatment and the outcome of the patient's treatment (i.e., cured, failed, relapsed, lost, moved, refused), or whether treatment was discontinued if the patient was found not to have TB or for another reason.

Physicians must assist the Health Department to evaluate persons suspected of having TB and to follow up with patients. Case managers will contact the treating physicians to request updates and ensure that appropriate treatment and monitoring is being conducted. Health care providers must provide access to necessary paper and electronic medical records to authorized Health Department staff as requested. [Health Code §11.03(e)]

Additionally, as per Health Code §11.21(a)(1), the treating physicians or persons in charge of facilities must submit monthly clinical status reports for patients with TB disease, which must include at least:

- Name, address and telephone number(s) of the patient
- Whether treatment is still ongoing
- The clinical status and treatment being provided
- Dates and results of sputum and radiologic exams
- Any other information required by the Health Department

To facilitate mandatory monthly patient status reports, the Health Department created the "Report of Patient Services" form (TB 65). This form, or a report containing the same information, must be submitted to the patient's case manager. Per Health Code §11.21(b), when requested by the Health Department, medical providers are also required to report all information on the evaluation, testing and treatment of individuals who have been in contact with a person with TB disease.

Health Code §11.21(a)(4) requires health care providers to submit a discharge plan to the Health Department for review and approval prior to discharging infectious TB patients from the hospital. The Hospital Discharge Approval Request Form (TB354) must be submitted 72 hours before the planned discharge date and must be approved by the Health Department prior to discharge.

- To download forms related to hospital discharge plans and reporting patient services, go to nyc.gov and search for "Tuberculosis Provider Resources."