Procedure for Notifying Local Public Health (LPH) Agencies of Tuberculosis (TB) Suspects and Cases

When the Minnesota Department of Health (MDH) receives a report of a person with suspected or confirmed TB, the standard procedure is to notify the LPH agency where the patient resides within one working day, if the patient has one or more of the following:

1. Culture-confirmed TB disease (all sites)
2. Suspected pulmonary or miliary disease with positive sputum smear(s)* and:
   a. positive Mantoux or IGRA (e.g., QuantiFERON-TB) OR
   b. anergic with negative Mantoux OR
   c. Mantoux not yet done but significant suspicion for TB infection (e.g., immigrant, recent exposure, homeless, etc), especially with CXR suspicious for active TB
3. Suspected pulmonary TB, on TB meds
4. Needs Directly Observed Therapy (DOT)
5. Clinically-diagnosed TB disease, according to CDC case definition (all sites)
6. Suspected laryngeal disease (rare)
7. Child age ≤5 years with suspected TB disease
8. "Other situations as indicated" (e.g., a potentially infectious suspect seen in an emergency room but lost to follow-up by the ER, a suspect in a communal living situation, suspect with critical social service needs requiring PHN intervention, etc.)

If a provider intends to refer the patient to a public TB clinic (i.e., Hennepin, Ramsey, or Olmsted County), MDH will:
   1) ask the provider to call that clinic directly to make a referral and
   2) immediately notify that county by telephone to expect the referral

MDH first notifies LPH by telephone. A TB Case Report form is faxed to LPH as soon as enough information is available – usually within 1-2 days. MDH updates TB suspect records as indicated and either calls or faxes updates to the LPH agency within 1 working day of receiving pertinent follow-up information.

* If only bronchoscopy or lung tissue biopsy have been done, MDH will recommend to the provider that 3 sputums be obtained to help gauge likely infectiousness and to help determine whether a contact investigation should be started.