

## Guidance on notifying Tuberculosis (TB) cases

<b>Statutory notification of Tuberculosis (TB)</b>	<b>All forms of active TB are statutorily notifiable<sup>1</sup>.</b> The notification of cases prompts timely risk assessment for appropriate clinical and public health responses to cases and their contacts. The information provided through notification is used for epidemiological surveillance to control TB and to identify cases for cohort review.
<b>What to notify</b>	<b>All new tuberculosis cases that meet one of the two following case definitions</b> Culture confirmed case due to <i>M. tuberculosis</i> complex (including <i>M. tuberculosis</i> , <i>M. bovis</i> , <i>M. africanum</i> or <i>M. microti</i> ). In the absence of culture confirmation, a case that meets the following criteria: <ul style="list-style-type: none"> <li>a clinician's judgement that the patient's clinical and/or radiological signs and/or symptoms are compatible with tuberculosis,</li> <li>AND</li> <li>a clinician's decision to treat the patient with a full course of anti-TB therapy.</li> </ul> The requirement to notify applies if there is reasonable ground for suspecting that a patient has died with, but not necessarily from, active TB (including post mortem diagnoses) Notification requirement applies also to UK residents who are diagnosed abroad but continue with their anti-TB therapy in the UK and to non-UK residents diagnosed in the UK, even if anti-TB therapy is not initiated in the UK
<b>What NOT to notify</b>	<ul style="list-style-type: none"> <li>mycobacterium cases not belonging to the <i>M. tuberculosis</i> complex</li> <li>latent TB infection cases receiving anti TB chemoprophylaxis</li> <li>cases with disseminated disease resulting from BCG</li> </ul>
<b>Mechanism for notification</b>	Statutory notification for TB cases is made through the Enhanced TB Surveillance system (ETS) (or the London TB Register, LTBR, in London). Both systems are accessible online for timely notification. For those without online access, paper forms exist and can be requested from the local PHE Health Protection Team.
<b>When to notify</b>	<ul style="list-style-type: none"> <li>TB cases should be notified within 3 working days of making or suspecting the diagnosis</li> <li>notification should not be delayed if full case information (including laboratory confirmation) is not available, as additional information can be added later</li> <li>a case can be subsequently de-notified if an alternative diagnosis or contamination is confirmed</li> <li>if a case requires immediate public health action, the local PHE Health Protection Team should be contacted as soon as possible, and always within 24 hours</li> <li>any urgent verbal notification must be followed up through ETS/LTBR</li> </ul>
<b>Roles &amp; responsibilities</b>	<b>Registered Medical Practitioner (RMP)</b> There is a legal requirement for NHS & private sector Registered Medical Practitioners (RMPs) to notify, where they suspect a case of TB. <b>Specialist Nurses</b> TB/respiratory/infectious disease specialist nurses should liaise with the appropriate RMP to ensure that cases are notified in a timely manner.
<b>Mechanisms to improve notification</b>	<ul style="list-style-type: none"> <li>move from paper-based to electronic notification through ETS/LTBR</li> <li>local agreement for designated nurses to notify cases on behalf of the RMP</li> <li>microbiologists / pathologists to inform the local TB team of positive results received from non-TB specialists to ensure notification occurs</li> </ul>

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1. [Health Protection Legislation \(England\) Guidance 2010:](#)

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_114589.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114589.pdf)

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