GUIDES AND TOOLS

International tuberculosis care transfer form

A tool to ensure continuity of care and cross-border collaboration

Introduction

Tuberculosis: a persistent global health threat

Tuberculosis (TB) remains one of the leading causes of death from a single infectious agent worldwide [1]. While the global burden is concentrated in low- and middle-income countries, high-income nations with low TB incidence continue to face challenges in managing TB among vulnerable populations, in particular migrants and socially marginalised groups.

Most countries in the European Union and the European Economic Area (EU/EEA) report low TB incidence, defined as fewer than 10 cases per 100 000 population [2]. In 2023, approximately one-third of all TB cases reported in the EU/EEA were among individuals born in, or holding citizenship of, a country other than the reporting country [2].

Migrants and mobile populations (including undocumented migrants, refugees, and asylum seekers) are disproportionally affected by TB due to vulnerabilities during all phases of migration: pre-departure, transit, arrival and integration in the host country, and return travel to their country of origin [3,4]. These populations often face barriers to timely diagnosis and treatment, including legal, linguistic, and administrative challenges [4-8].

Cross-border movement further complicates treatment continuity, especially for individuals who travel or are deported during treatment [4,9]. Interruptions in TB treatment due to relocation can result in poor health outcomes, increased transmission risk, and the emergence of drug-resistant strains. Migrants in Europe often experience more severe forms of TB disease and poorer outcomes than native populations. They are more likely to present with extrapulmonary TB, be co-infected with TB/HIV, and have multidrug-resistant TB [10,11]. They are also more likely to interrupt their treatment for non-medical reasons or become lost to follow-up [10].

Continuity of care and cross-border collaboration

Continuity of care — defined here as uninterrupted, coordinated, and patient-centred health services [4,5] — is essential for effective TB control, particularly in the context of increasing cross-border mobility within and beyond the EU/EEA. Ensuring seamless care for individuals diagnosed with TB who move between countries is critical to achieving regional and global TB elimination goals [4,6-8,12].

However, several challenges persist. In some countries, TB care is not universally free, and undocumented migrants or uninsured individuals may be excluded from national health systems [4]. Even where services are available, stigma, discrimination, and fear of deportation can deter care-seeking, particularly among irregular migrants [4-8,10].

Fragmentation of care across borders further complicates continuity. Migrants may initiate treatment in one country and relocate before completing therapy, resulting in loss to follow-up and increased transmission risk. Inconsistent policies on migrant health, lack of interoperable data systems, and limited cross-border referral mechanisms undermine efforts to ensure treatment continuity [4-8,10].

TB elimination requires a multisectoral, rights-based approach that ensures equitable access to high-quality care. For migrants, this includes access to culturally sensitive services regardless of legal status, the establishment of cross-border referral systems, and the integration of TB care into general health services [4-8,10].

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The European Centre for Disease Prevention and Control (ECDC) recognises cross-border collaboration as a key opportunity for improvement. To support this, ECDC proposes the use of an international TB care transfer form (Annex 1) as a communication tool between healthcare providers and public health authorities in different countries. The aim is to ensure that key information on TB diagnosis, treatment status, and care needs for people with TB is transferred securely and efficiently, minimising delays and reducing the risk of treatment interruption. This guide outlines the development process and provides user instructions for the implementation of the international TB care transfer form (hereafter referred to as 'the transfer form').

Scope and purpose

The transfer form is designed to support continuity of TB care for individuals with TB who move from one country to another. It is a voluntary, generic tool that summarises essential information on the TB management process, including diagnosis and treatment, enabling health providers and public health authorities in the receiving country to have the necessary data to ensure timely support and appropriate care.

Although it has been developed from an EU/EEA perspective, the transfer form is not geographically restricted and may be used in other contexts. It serves as a communication tool between healthcare providers and public health authorities in different settings.

The transfer form is intended to provide a minimum information package on a person with TB who has not completed treatment at the time of relocation. It does not include information on previous or on ongoing contact investigations.

Target audience

The intended audience for this document is health professionals and public health authorities who are directly involved in the management of TB.

Methods used to develop the transfer form

In 2024, ECDC established a working group on TB and migrant health, hereafter referred to as 'the working group'. The working group provides guidance to EU/EEA countries on good practices that support continuity of care for individuals diagnosed with TB who move between countries within the region. Annex 2 summarises its specific objectives and membership.

A key activity of the working group was to promote harmonised cross-border TB data transfer across EU/EEA countries. To support this goal, members proposed developing a standardised form, drawing on similar initiatives and experiences from several European countries.

The transfer form was developed using two primary approaches: a review of relevant documentation and the integration of expert opinions from clinicians and public health professionals. A core writing team, comprising four working group members with clinical expertise in TB diagnosis, treatment and management, developed the transfer form. The final version of the form was reviewed and approved by all members of the working group.

Document review

As part of the development process, the core writing team conducted a targeted review of relevant documentation to identify existing practices and tools supporting cross-border TB data exchange. This included national and international guidelines, and case management protocols from EU/EEA countries and global health organisations. The review helped ensure that the transfer form aligns with current standards for TB diagnosis, treatment, and public health follow-up, while addressing gaps in continuity of care for mobile populations.

The main precursor for the form described in this guide was the TB patient form, developed through a collaborative project between Germany and Poland, and funded by the German Federal Ministry of Health under the Global Health Protection Programme [13]. In 2023, clinicians and public health experts from the Robert Koch Institute (Berlin, Germany) and the Institute for Tuberculosis and Lung Diseases (Warsaw, Poland) developed the form and established systematic communication of cross-border TB patient information between the two countries.

Based on the German-Polish form and other existing forms and guidance documents, a consolidated version was developed. The core writing team reviewed similar forms used in other countries, including Portugal [14], Ukraine [15], Romania [16], Germany [17], and the United States [18]. These examples informed the further development of the transfer form, helping to refine its structure and content based on diverse national experiences.

Expert opinions

Clinical and public health expertise informed the design and content of the transfer form to ensure its practical applicability. The working group gathered insights through a targeted survey among public health professionals across EU/EEA countries. The survey focused on current practices, facilitators and challenges in cross-border TB care coordination during the provision of care for mobile migrant populations (i.e. refugees, asylum seekers and undocumented migrants). This information was used to improve the design of the transfer form.

Iterative discussions were held among clinicians within the core writing team, allowing for the refinement of the form based on practical experience and clinical relevance. This collaborative approach ensured that the form reflects both public health priorities and frontline clinical needs.

Development criteria

The core writing group developed the transfer form based on the following criteria:

- Conciseness: the form should be short, but informative.
- Usability: the form should be clear and easy to complete.
- Relevance for continuity of care: the form should contain the minimum information to ensure high-quality TB care, without replacing the full medical record.

Use of the transfer form

This section provides guidance on when the form should be used, who should complete it, how to fill it out, and the recommended methods for secure transmission.

When to use the transfer form

The transfer form should be used when:

- An individual diagnosed with TB is moving to another country before having completed treatment.
- Clinical and treatment information needs to be shared with health authorities in the receiving country.
- The individual has consented to the transfer of their health information to support continuity of care.

Who should complete the transfer form

The transfer form should be completed by a healthcare professional responsible for treating the individual with TB, or by a public health authority in the country where the person was diagnosed and/or managed for TB. Ideally, the transfer form should be filled out shortly before or at the time of relocation, once it is confirmed that the individual will move to another country.

How to complete the transfer form

The transfer form is available as an editable Word document that can also be printed out to be completed manually and as a PDF form which can be completed electronically at the following link: https://www.ecdc.europa.eu/en/publications-data/international-tuberculosis-care-transfer-form.

The transfer form is divided into four sections, described below:

1. **Personal information:** this section contains details of the individual with TB, as well as their intended place of residence (if known), as shown in Figure 1. All known information should be provided in the relevant fields.

Figure 1. Section of personal information

1. Personal information	
Please indicate if the person with TB agreed to be contacted at the destination *of relocation*: ☐ Yes ☐ No	
Last name: *Click or tap here to enter text.*	First name: *Click or tap here to enter text.*
Date of birth (dd/mm/yyyy): *_Click or tap to enter a date._*	Gender: ☐ Male ☐ Female ☐ Other
Nationality: Click or tap here to enter text.	Language(s) spoken: *Click or tap here to enter text.*
Phone number: *Click or tap here to enter text.*	E-mail: *Click or tap here to enter text.*
Relocation address: ☐ Available (please provide details below).	☐ Not available
Street name, number: *Click or tap here to enter text.* ZIP code: *Click or tap here to enter text.* City/village: *Click or tap here to enter text.* District/province: *Click or tap here to enter text.* Country: *Click or tap here to enter text.*	Contact person at relocation: • Name: *Click or tap here to enter text.* • Phone number: *Click or tap here to enter text.* • E-mail: *Click or tap here to enter text.* Expected transferred date (dd/mm/yyyy): *Click or tap to enter a date.*
Any additional information about the relocation: *Click or tap here to enter text.*	

2. **Description of current TB episode:** This section includes information on the current TB diagnosis, drug susceptibility profile, and disease history (Figure 2). When providing information on bacteriological confirmation and drug susceptibility testing:

   a. Use 'pending' if laboratory testing is ongoing and results are not yet available.
   b. Use 'unknown' if testing has been performed but results are unavailable.

   Leave the field blank if the test has not been performed.

Figure 2. Section describing current TB episode

2. Description of current TB disease episode

Site(s) of disease:
☐ Pulmonary ☐ Extrapulmonary ☐ Unknown

For extrapulmonary TB, please specify what organs are affected: *Click or tap here to enter text.*

TB history:
Date of diagnosis (dd/mm/yyyy): *Click or tap to enter a date.*
☐ New TB episode ☐ Previously diagnosed/treated
If previously diagnosed or treated, describe the treatment outcome: *Choose an item.*

Imaging results:
Most recent imaging test (s) performed: ☐ Chest-X-ray ☐ CT scan ☐ Other (specify): *Click or tap here to enter text.*

Most recent imaging results:
☐ Normal findings ☐ Abnormal findings (specify if none of the options apply): *Choose an item.*

Bacteriological confirmation: Please indicate the most recent results of the laboratory tests performed.

Test	*Test performed?*	*Date (dd/mm/yyyy)*	*Results*			
Microscopy	☐ yes ☐ no	Click or tap to enter a date.	☐positive	☐negative	☐pending	☐unknown
Culture	☐ yes ☐ no	Click or tap to enter a date.	☐positive	☐negative	☐pending	☐unknown
Genotypic test*	☐ yes ☐ no	Click or tap to enter a date.	☐positive	☐negative	☐pending	☐unknown

Pathogen identified: ☐ *M. tuberculosis* ☐ *M. africanum* ☐ *M. bovis* ☐ Other species (specify):

Drug susceptibility testing **: Please indicate the most recent results of the laboratory tests performed.

Date (dd/mm/yyyy) *Click or tap to enter a date.*

Drug	*Susceptible*	*Resistant*	*Pending*	*Unknown*	*Not tested*
Isoniazid (H)	☐	☐	☐	☐	☐
Rifampicin (R)	☐	☐	☐	☐	☐
Ethambutol (E)	☐	☐	☐	☐	☐
Pyrazinamide (Z)	☐	☐	☐	☐	☐
Levofloxacin (Lfx)	☐	☐	☐	☐	☐
Moxifloxacin (M)	☐	☐	☐	☐	☐
Bedaquiline (B)	☐	☐	☐	☐	☐
Linezolid (L)	☐	☐	☐	☐	☐
Others (specify):					
Click or tap here to enter text.	☐	☐	☐	☐	☐
Click or tap here to enter text.	☐	☐	☐	☐	☐

In case of resistance to R and H please provide more information: Click or tap here to enter text.

** Any genotypic test used for diagnosis and species identification (with or without drug-susceptibility testing), e.g. polymerase chain reaction (PCR)-based test, automated nucleic acid amplification test (NAAT) or next generation sequencing. ** Either phenotypic or genotypic test results.*

3. **TB treatment:** this section documents the treatment regimen initiated, including start date and any relevant notes (Figure 3).

Figure 3. Section on TB treatment

3. TB treatment

Initial treatment:

Start date (dd/mm/yyyy): *Click or tap to enter a date.*

If there is a change at the time of transfer, please provide further information of the current regimen and reason for the change:
Click or tap here to enter text.

The patient was given *Click or tap here to enter text.* days of medication for travel.

If medication was provided, please indicate the date (dd/mm/yyyy): *Click or tap to enter a date.*

Planned end-date of treatment (dd/mm/yyyy): *Click or tap to enter a date.*

Treatment history:

Treatment adherence: ☐ Adequate ☐ Poor (specify):
Click or tap here to enter text.

Treatment adverse events: ☐ Yes ☐ No
If yes, please specify:
Click or tap here to enter text.

Treatment interruptions ☐ Yes ☐ No
If yes please provide further information:
Click or tap here to enter text.

Current treatment:

Drug (generic name)	*Formulation (mg/tab)*	*Quantity*	*Frequency*	*Any comment*
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Any additional information: *Click or tap here to enter text.*

4. **Contact details:** This section provides contact information for the public health authority sending the form and, if applicable, additional contacts (e.g. other healthcare providers) as shown in Figure 4. This enables the authority receiving the form to follow-up, if necessary.

Figure 4. Section on contact details

4. Contact details of sending authority

Sending authority:
Address: *Click or tap here to enter text.*
Contact person: *Click or tap here to enter text.*
Email: *Click or tap here to enter text.*
Phone number: *Click or tap here to enter text.*

Additional contact (doctor/health facility/other):
Address: *Click or tap here to enter text.*
Contact person: *Click or tap here to enter text.*
Email: Click or tap here to enter text.
Phone number: Click or tap here to enter text.

This form was completed on [date (dd/mm/yyyy)]: Click or tap to enter a date.

How to share the transfer form

There are four ways in which the completed transfer form can be shared:

1. **From the treating physician to the person with TB**
The treating physician may provide a printed copy of the completed transfer form for the individual, before departure. This should be accompanied by appropriate counselling to emphasise the importance of continuing treatment after relocation. If possible, the individual should receive information on how to access TB care in the destination country.

2. **From the treating physician/public health authority in the country of departure to the treating physician of the receiving country**, if this information is available.

3. **From the public health authority sending to the public health authority in the receiving country**
The completed form may be transmitted securely to the designated contact point in the receiving country, such as the TB coordinator, public health authority, or clinical team. All transfers of personal health information must comply with national and international data protection regulations.
In the EU/EEA context, the Early Warning and Response System (EWRS) [19] is a restricted communication platform that could be used for this purpose.

4. **From the receiving public health authority to the sending public health authority**
Public health authorities in the receiving country may use the form to request information from their counterparts in the country of departure. The EWRS could be used as communication channel.

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Annex 1. International TB care transfer form

International tuberculosis care transfer form

A person with tuberculosis (TB) disease who has been treated in (*sending country*): _____ is relocating to (*receiving country*): _____. This form summarises available information about the individual's personal and clinical data. It also includes contact information for the treating physicians and/or public health authority in the sending country. The data provided is intended solely for use by clinical care providers and should not be further transmitted.

1. Personal information

Please indicate if the person with TB agreed to be contacted at the destination: ☐ Yes ☐ No

Last name:	First name:
Date of birth (dd/mm/yyyy): ___ /___ / _____	Gender: ☐ Male ☐ Female ☐ Other
Nationality:	Language(s) spoken:
Phone number:	E-mail:

Relocation address: ☐ Available (please provide details below). ☐ Not available

Street name, number: _____

ZIP code: _____

City/village: _____

District/province: _____

Country: _____

Contact person at relocation:

- Name: _____
- Phone number: _____
- E-mail: _____

Expected transferred date (dd/mm/yyyy): ___ /___ / _____

Any additional information about the relocation:

2. Description of current TB disease episode

Site(s) of disease:

☐ Pulmonary ☐ Extrapulmonary ☐ Unknown

For extrapulmonary TB, please specify what organs are affected:

TB history:

Date of diagnosis (dd/mm/yyyy): ___ /___ / _____

☐ New TB episode ☐ Previously diagnosed/treated

If previously diagnosed or treated, describe the treatment outcome:

☐ Cured or treatment completed
☐ Treatment failure
☐ Treatment discontinuation
☐ Lost to follow-up
☐ Unknown

Imaging results:

Most recent imaging test (s) performed: ☐ Chest-X-ray ☐ CT scan ☐ Other (specify): _____

Most recent imaging results: ☐ Normal findings ☐ Abnormal findings (specify):

☐ Unilateral infiltrates ☐ Unilateral cavity ☐ Pleural effussion
☐ Bilateral infiltrates ☐ Bilateral cavity ☐ Nodules
☐ Other (specify):

Bacteriological confirmation: Please indicate the most recent results of the laboratory tests performed.

Test	*Test performed?*		*Date (dd/mm/yyyy)*	*Results*			
Microscopy	☐ yes	☐ no	___ /___ / _____	☐positive	☐negative	☐pending	☐unknown
Culture	☐ yes	☐ no	___ /___ / _____	☐positive	☐negative	☐pending	☐unknown
Genotypic test*	☐ yes	☐ no	___ /___ / _____	☐positive	☐negative	☐pending	☐unknown

Pathogen identified: ☐ *M. tuberculosis* ☐ *M. africanum* ☐ *M. bovis* ☐ Other species (specify):

** Any genotypic test used for diagnosis and species identification (with or without drug-susceptibility testing), e.g. polymerase chain reaction (PCR)-based test, automated nucleic acid amplification test (NAAT) or next generation sequencing.*

Drug susceptibility testing:**Please indicate the most recent results of the laboratory tests performed.

Date (dd/mm/yyyy) ___ /___ / _____

Drug	*Susceptible*	*Resistant*	*Pending*	*Unknown*	*Not tested*
Isoniazid (H)	☐	☐	☐	☐	☐
Rifampicin (R)	☐	☐	☐	☐	☐
Ethambutol (E)	☐	☐	☐	☐	☐
Pyrazinamide (Z)	☐	☐	☐	☐	☐
Levofloxacin (Lfx)	☐	☐	☐	☐	☐
Moxifloxacin (M)	☐	☐	☐	☐	☐
Bedaquiline (B)	☐	☐	☐	☐	☐
Linezolid (L)	☐	☐	☐	☐	☐
Others (specify):	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

In case of resistance to R and H please provide more information:

*** Either phenotypic or genotypic test results.*

3. TB treatment

Initial treatment:

Start date (dd/mm/yyyy): ___ /___ / _____

If there is a change at the time of transfer, please provide further information on the current regimen and reason for the change:

The patient was given _____ days of medication for travel.

If medication was provided, please indicate the date (dd/mm/yyyy): ___ /___ / _____

Planned end-date of treatment (dd/mm/yyyy): ___ /___ / _____

Treatment history:

Treatment adherence: ☐Adequate ☐Poor (specify):

Treatment adverse events: ☐ Yes ☐ No
If yes, please specify:

Treatment interruptions ☐ Yes ☐ No
If yes please provide further information:

Current treatment:

Drug (generic name)	*Formulation (mg/tab)*	*Quantity*	*Frequency*	*Any comment*

Any additional information:

4. Contact details of authority sending the form

Sending authority
Address: _____
_____
Contact person: _____
Email: _____
Phone number:_____

Additional contact (doctor/health facility/other):
Address: _____
_____
Contact person: _____
Email: _____
Phone number: _____

This form was completed on [date (dd/mm/yyyy)]: ___ /___ / _____

Annex 2. Working group on tuberculosis and migrant health

Background

In March 2024, the European Centre for Disease Prevention and Control (ECDC) established a working group on tuberculosis (TB) and migrant health to facilitate the exchange of current practices and challenges among countries in the European Union and European Economic Area (EU/EEA). The working group aims to support EU/EEA countries by providing advice on good practices that promote continuity of care for individuals diagnosed with TB who move between countries.

Specific objectives

- To identify and describe good practices that support continuity of care for individuals with TB – particularly among migrant populations – through cross-border collaboration within the EU/EEA.
- To identify challenges faced by treating physicians when transferring individuals with TB who migrate from one EU country to another.
- To propose a basic information package to promote harmonised cross-border TB management between EU/EEA countries.

Membership

The working group consist of 14 experts from EU/EEA with experience in TB prevention and care activities. Members were selected through a nomination process involving expressions of interest from the TB Disease Network and recommendations from National Coordinators in EU/EEA countries. Experts were appointed by ECDC in their individual and independent capacity, based on their professional expertise and following an assessment of their declarations of interest.

	Name	Affiliation	Country
1	Teresa Domaszewska (Chair)	Department of Infectious Disease Epidemiology, Robert Koch Institute	Germany
2	Jerker Jonsson (Co-Chair)	Public Health Agency of Sweden	Sweden
3	Adam Nowinski	Dept of Epidemiology, and TB surveillance, National Institute of Tuberculosis and Lung Disease	Poland
4	Adrian Sanchez-Montalva	Vall d'Hebron University Hospital	Spain
5	Aggeliki Loukeri	'Sotiria' Chest Diseases Hospital	Greece
6	Ana Sofia Sousa	National TB Programme	Portugal
7	Bert Wolters	GGD Gröningen	Netherlands
8	Brit Häcker	German Central Committee against Tuberculosis	Germany
9	Christian Morberg Wejse	Department of Infectious Diseases, Aarhus University Hospital	Denmark
10	Fidelie Kalambayi	Romanian Angel Appeal	Romania
11	Ineke Spruijt	KNCV TB Foundation	Netherlands
12	Jose Antonio Caminero Luna	University General Hospital of Gran Canaria 'Dr. Negrín'	Spain
13	Loïc Kassegne	Strasbourg University Hospital	France
14	Raquel Duarte	Public Health Centre Doutor Gonçalves Ferreira (INSA Porto)	Portugal