

STAMPING OUT TB

Summer, 2015



Welcome to the 2015 Summer Edition of the TB Program Newsletter!

Inside this issue, you will find:

- **Upcoming Education and Training Dates (pp1&2)**
- **Program Highlights:**
 - **Revised Infectious Disease Regulations (pp2&3)**
 - **The TB Cooperative Agreement Evaluation Objective (pg3)**
 - **New TB Program staff (pg4)**

We appreciate the hard work and dedication from all KY Healthcare providers towards securing optimal prevention, treatment, control and elimination of TB throughout the Commonwealth.

Training Date Reminder: TB Orientation



Do you have a staff person who is new to TB and has been working in TB 6 months or longer? Yes? Then, we recommend that they attend our TB Orientation. This training is a two-day class held at the Department for Public Health in Frankfort. The class is taught by DPH TB staff. Participants will learn about case management, reporting, how to do a contact investigation, LTBI, and more!

There is no charge to register for the class and CE credits are available with completed evaluation and attendance to BOTH days of class.

Next Training Date(s):

- **Wednesday September 23rd and 24th**

Contact Subomi Akindoju, MPH, CDC Public Health Associate at (502) 564-4276 x4295 or Oluwasubomi.Akindoju@ky.gov for more information or to register



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Upcoming Training Webinars

- Curry International TB Center Presents: Mycobacterium Bovis: Epidemiology, Diagnosis, and Treatment
 - Archived: <https://www.youtube.com/watch?v=JumhSxR7IT0>
- SNTC Presents: Advanced Concepts in Pediatric TB-Pharmacotherapeutics
 - June 18, 2015, 12-1PM EST
 - Register here: <http://sntc.medicine.ufl.edu/Training.aspx?Id=354>
- SNTC Presents: Morbidity and Mortality Review
 - June 23, 2015, 1PM -2:30 PM EST
 - Register here: <http://sntc.medicine.ufl.edu/Training.aspx?Id=354>
- SNTC Presents: Comprehensive Clinical TB Course
 - October 19, 2015 to October 22, 2015
 - Register here: <http://sntc.medicine.ufl.edu/Training.aspx?Id=354>



Most notifications are sent approximately one month in advance of the Webinar date. If you are not receiving Webinar notifications, please alert the TB Program and we will be glad to add you to our distribution list.

NEW!

Regulation Highlights: 902 KAR 2:020 Reportable Disease Surveillance

- Kentucky regulation, “902 KAR 2:020. Reportable disease surveillance,” <http://www.lrc.ky.gov/kar/902/002/020.htm>, “A medical or national reference laboratory shall submit clinical isolates or, if not available, the direct specimen from” tuberculosis cases to the Division of Laboratory Services (i.e., the State Public Health Laboratory). The amended regulation became effective on February 26, 2015.
- Section 15. Tuberculosis. (1) A pharmacist shall give notice if two (2) or more of the following medications used for the initial treatment of active tuberculosis are dispensed to an inpatient in a health facility or to an ambulatory patient in a health facility or a pharmacy:
 - (a) Rifampin or rifabutin;
 - (b) Isoniazid;
 - (c) Pyrazinamide; and
 - (d) Ethambutol.(2) A report of tuberculosis shall be considered priority and shall be reported to the local health department serving the county in which the patient resides.
(3) If the local health department cannot be reached, notification shall be given to the Kentucky Department for Public Health.
(4) The report shall include:
 - (a) Information required in Section 4(16) of this administrative regulation; and
 - (b) Names of the medications dispensed.

TB Cooperative Agreement Highlights: Program Evaluation

Annually, the CDC Cooperative Agreement requires the TB program to submit an Evaluation Plan targeting one national objective not meeting the required national average.

Kentucky's Evaluation Plan Purpose and Goal:

The purpose of the Evaluation Plan is to improve progress towards achieving the national TB objective for completion of therapy for latent tuberculosis infection (LTBI) identified among contacts to sputum AFB smear-positive TB cases by 2015.

The goal of this evaluation plan is to increase the proportion of contacts newly diagnosed with latent TB infection (LTBI) and who complete LTBI treatment to 79.0% after exposure to sputum AFB smear-positive TB cases ("The Treatment Completion for Contacts with LTBI"), as measured by the final Aggregate Reports for Tuberculosis Program Evaluation (ARPEs) for Kentucky.

- Increase "*The Treatment Completion for Contacts with LTBI*" to 64% or greater in 2015.
- Increase "*The Treatment Completion for Contacts with LTBI*" to 67% or greater in 2016.
- Increase "*The Treatment Completion for Contacts with LTBI*" to 71% or greater in 2017.
- Increase "*The Treatment Completion for Contacts with LTBI*" to 74% or greater in 2018.
- Increase "*The Treatment Completion for Contacts with LTBI*" to 79% or greater in 2019.

Rationale for Selecting Focus Area:

To select this focus area, the National Tuberculosis Indicators Project (NTIP) and program final ARPE data from 2008-2013 was reviewed. In 2012 for Kentucky, 70% of high-risk contacts who developed latent TB infection (LTBI) after exposure to AFB sputum smear-positive TB cases actually completed therapy for LTBI. This completion rate is below the national target of 79%.

KY Evaluation Activities:

The information regarding contacts to AFB sputum smear-positive TB cases was reviewed by program staff to identify the counties with percentages of contacts who completed or did not complete therapy for LTBI. Efforts and activities are focused in areas within the state which have the highest percentages of contacts that did not complete therapy for LTBI.

The following top four reasons LTBI treatment was not completed: "patients that moved, chose to stop, were lost to follow-up, or discontinued treatment per provider decision."

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The Chart below has ARPE data from 2009 through 2013:

2009-2013

Contacts to Sputum AFB Smear-Positive TB Cases with LTBI Who Completed Treatment

Five-year average = 68%

Year	2009	2010	2011	2012	2013
Contacts with LTBI that Completed Treatment – “Final” ARPE					
# Total LTBI	114	89	42	95	43
# LTBI Started Treatment	104	72	37	87	33
# LTBI Completed Treatment	69	49	24	60	23
% LTBI Completed Treatment	66%	68%	65%	69%	70%

The chart above shows how we have slowly been moving in the right direction toward the national average of 79% however, we have a long way to go to try to meet our goal by 2019!

In past years, we have visited LHDs and completed chart audits to verify LTBI data. Some repeated findings from those audits include:

- Interjurisdictional forms were not being filled out when patients moved when address was provided.
- Three points of contact were not documented when patient was lost to follow up.
- Local health department staff noted that many had not received proper training regarding ARPEs reporting, filling our Interjurisdictional forms, and filling out TB 1 forms.
- Reviewed strategies used to locate those moved and lost to follow up that were successful.

Strategies for Improvement:

Based upon these results, the TB program recorded an ARPEs video in TRAIN to teach ARPE reporting, and added discussion of the Interjurisdictional form and TB 1 form to our annual TB orientations for new LHD TB staff. [Webcast ARPE Report Videoconference is on YouTube](http://youtu.be/GgPb5r-IbDw) at: <http://youtu.be/GgPb5r-IbDw>

The TB Program’s focus is to prevent future cases of TB by successfully educating, removing barriers, and treating high-risk TB contacts diagnosed with LTBI after exposure to sputum AFB smear-positive TB cases.

Local Health Department TB Coordinators can help us to meet our objectives by assuring the above identified case management activities are being completed and documented timely!



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Future Strategies:

We are looking for any creative strategies and or solutions to achieve our grant objective goal. The TB program wants to remove any barriers that would cause a patient to move without notice or become lost to follow up before completing LTBI treatment.

Share
Your
Story

If you have had any success stories in these areas, please call or email Emily or Maria, and share them so, we may share them with others! See Below for program staff contact information.

TB Program Staffing Highlights: CDC Public Health Associate



“The Public Health Associate Program (PHAP) is a competitive, two-year, paid training program with the Centers for Disease Control and Prevention. PHAP associates are assigned to a state, tribal, local, or territorial public health agency and work on prevention alongside other professionals across a variety of public health settings. After completing the program, PHAP graduates will be qualified to apply for jobs with government public health agencies.”
See: <http://www.cdc.gov/phap/>



OLUWASUBOMI AKINDOJU

- **Assignment: 2014 – Tuberculosis Program**
- **2015 – Sexually Transmitted Diseases Program**

Oluwasubomi Akindoju is a first-year Public Health Associate Program (PHAP) Associate (Class of 2014). Ms. Akindoju has been assigned to the Kentucky Department of Public Health as of October 2014 and started working in the Tuberculosis (TB) Program where she assists with TB surveillance, state-wide emergency protocols, and active TB case management. She has also visited and worked with a local health department during a large contact investigation. She developed and continues to maintain a case management sheet used by the State TB department weekly. She will work on additional

focus areas for the TB Program include: Creating special NEDSS reports used to evaluate the end of year NTIP and cooperative agreement objectives; “Data cleaning “Genotyping Information Management System; assisting with the cohort review process; developing an awareness campaign for new TB regulations; and coordination and facilitation of the upcoming TB Orientation hosted at KDPH in September.

Prior to Ms. Akindoju’s assignment in Kentucky, she worked as a research assistant for the University of Alabama at Birmingham Hospital. She received her Bachelor’s in Psychology from Emory University and her Master’s in Public Health from the University of Alabama at Birmingham.

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