Greetings in 2018!

As the New Year brings about reflection in our own personal lives, in this edition of The Dot, the KY TB Program reflects on state, national and global TB activities in 2017 and enlightens you with TB training opportunities available in 2018 (p. 13), guidance to frequently asked questions in contact investigations (p. 3), and a sneak peek at the history of TB in KY as we begin planning for 2018 World TB Day awareness activities (p. 7).

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New Staff for Laboratory Services

The Department of Laboratory Services introduces Katelyn Cox as the newest staff member of the Mycobacteriology (TB) Lab! Katelyn is a graduate of Western Kentucky University where she dual majored in Biology and Chemistry. In 2015, she joined the KDPH Bacteriology Lab and moved to the TB Lab in May 2017. Katelyn’s experience with our 16S genetic sequencing procedures was proven vital just after her transition when we had to reflex many of our non-tuberculous mycobacterial cultures to our 16S genetic sequencer for identification due to equipment failure. Welcome Katelyn!

SUBMISSIONS
If you would like to suggest a topic or submit an event, article, or picture for the Kentucky TB Program newsletter, please email Ruth Willard at Ruth.Willard@ky.gov

Congratulations to Gaye Porter, Infection Preventionist at Crittenden Health Systems for finding the Super “T” bug in the Fall 2017 newsletter. For those that missed him-he was hanging out on page 6. We had 25 participants guess correctly!
Department of Laboratory Service Reminders

The Division for Laboratory Services (DLS) wanted to provide a few reminders for specimen submission. All specimen orders should be placed in the State Laboratory's Outreach System [https://outreach.psychesystems.com/NetOutreachKSL/Login.aspx](https://outreach.psychesystems.com/NetOutreachKSL/Login.aspx) if at all possible. The correct code for ordering clinical specimens (e.g., sputum) is SCP, and the paper requisition should be printed and sent with the specimen [http://chfs.ky.gov/NR/rdonlyres/D4F88968-C67C-42FD-A222-5BDCF74DCD85/0/Form207Sept2016.pdf](http://chfs.ky.gov/NR/rdonlyres/D4F88968-C67C-42FD-A222-5BDCF74DCD85/0/Form207Sept2016.pdf). Additionally, please label those sputum containers! If there is no identifier on the specimen container and no accompanying requisition, the lab staff are forced to dispose of that specimen with no idea of who to contact about it. If at any time you have questions, feel free to reach out to DLS at the following numbers, we really don't mind! Thank you for all that you do!


TBits-Winter Weather Alert

Many communities across the state are experiencing severe winter weather! Most often, the drop in temperatures causes a rise in the number of homeless seeking shelter. In addition to the existing shelters expanding their hours, some communities may need to open emergency or temporary shelters through churches or community centers to handle the demands. It is important that all shelter managers, staff, and clients are aware of the signs and symptoms of TB and the ways they can prevent TB transmission. Below are helpful reminders and resources that may be useful for your organization or agencies:

- **Tuberculosis (TB) is spread through the air** from one person to another, when someone with TB disease coughs, speaks, or sings.
- **Symptoms of TB disease may include a cough** that lasts 3 weeks or longer, chest pain, weight loss, loss of appetite and night sweats.
- **If anyone in your shelter has symptoms of TB disease, contact the local health department or KY TB Program as soon as possible.**
  - Encourage all shelter staff, volunteers, or clients who are coughing to wear a mask or cover cough with tissue or cloth (encourage handwashing and/or hand sanitizer use post cough).
  - Provide disposable paper or cloth surgical masks to any symptomatic person.
  - Separate those coughing until medically evaluated and found to be free of disease or are no longer contagious.
  - Encourage staff and volunteers who are coughing to stay home until they are no longer coughing.
- **Facilities should consult with their local health department about the necessity and frequency of TB screening for staff, volunteers, and clients or for any questions.**

Additional information and resources:
- [https://www.cdc.gov/tb/publications/guidelines/infectioncontrol.htm](https://www.cdc.gov/tb/publications/guidelines/infectioncontrol.htm)
Dear TB Nurse Consultant

Question:
The Kentucky TB Program has received several questions from the local health department’s (LHD) regarding the purpose and use of the TB Contact Investigation Roster while performing a contact investigation. What is the TB Contact Investigation Roster or TB-2 and how is it used by the local health departments’ TB Coordinators?

Answer: The TB 2-TB Contact Investigation (CI) Roster is a form that was developed by the KY TB Program Protocol and Forms Work Group (2013) to capture the TB contact investigation data. This form assists in monitoring follow up care, conversions, evaluation, LTBI treatment initiation, and LTBI treatment completion of those contacts to a TB case. It also assists the local TB Coordinators in gathering all the pertinent data for the Kentucky TB Program reporting requirements. The TB-2 is located on the Kentucky Cabinet for Health and Family Services, Department for Public Health Website under the Kentucky Tuberculosis Prevention and Control Program’s TB Forms (See link below).

The TB-2 consists of two pages with a legend on the bottom of first page. When unsure of categorizing a contact please call the KY TB Program for assistance. The most important point is the documentation of the contact investigation. Many LHDs have very large contact investigations. Remember from TB Orientation the importance of gathering the most information possible at the first point of contact! History has shown overtime that if the contact investigation advances to the next level (circle) or if an outbreak occurs, the information obtained on the TB-2 is very helpful. The TB-2 should be kept locally until the second round of testing has occurred on all contacts and both rounds of testing documented on the same form in the appropriate location (columns 9 and 10). Please fax or mail the completed TB-2 to the KY TB Program per the instructions (located at the bottom of page two). The completed TB-2 along with the “Final Summary” TB-CI-1, will be used to monitor conversions and gather data when compiling the Aggregate Reports for Tuberculosis Program Evaluation (ARPE) report during the calendar year. Please note the CI Roster (TB-2) should never be stored in the chart of the index case. Many LHDs have policies and procedures for storage and retention of these records.

Thank you for all the hard work in the realm of TB. The KY TB Program would not be a success without each and every one of you!

Form link:
http://chfs.ky.gov/NR/rdonlyres/9DDA35F5-3B00-402C-AA86-903841D07C61/0/TB22014ContactInvestigation6214.doc

Got a TB Question?
Email your questions to
Maria.Dalbey@ky.gov

http://chfs.ky.gov/dph/epi/tb.htm
KDPH 8\textsuperscript{th} Annual APRN Conference
The KY TB Program staff participated in the 8\textsuperscript{th} Annual APRN Conference in Bardstown at the My Old Kentucky Home State Park. A resource table supplied up-to-date TB information along with a KY TB Program staff presentation on “Release Planning Strategies: Detention/Correctional Facilities and Local Health Departments”. Participants included clinicians and administrative personnel within our correctional institutions. Additional collaboration with the KY TB Program for further TB training related topics in the congregate setting is in the works for 2018!

Pictured above: Ruth Willard, Maria Dalbey, and Emily Anderson

2017 Kentucky Rural Health Association Conference
On November 15, 2017, the KY TB Program provided a poster presentation at the 2017 Kentucky Rural Health Association Conference at the WKU Knicely Conference Center in Bowling Green Kentucky.

Below is a snapshot of the poster and summary:

Title
Confirmed and “Suspected” Cases of Tuberculosis in Kentucky: A Four-Year Trend

Background:
Tuberculosis (TB) is primarily an airborne infectious disease transmitted from person to person by microscopic particles containing \textit{Mycobacterium tuberculosis} (MTB) bacteria that are generated when an infected person coughs, sneezes, speaks, laughs or sings. The World Health Organization (WHO) estimated that nearly 10.4 million people were infected with TB in 2015, and 1.8 million died from the disease, making it one of the top ten causes of death worldwide\textsuperscript{1}. In the United States, 9,287 new TB cases were reported in 2016\textsuperscript{2}. The Kentucky Department for Public Health (KDPH) has annually reported all confirmed TB cases to the Center for Disease Control and Prevention (CDC). All TB cases are considered “suspected” until laboratory or provider confirmation is received to classify a confirmed case as laboratory confirmed or clinically confirmed. Since 2013, the Kentucky Tuberculosis (TB) Prevention and Control Program (KTP) has conducted enhanced TB surveillance to track both confirmed and “suspected but never confirmed”\textsuperscript{3} cases (i.e., “suspected” TB cases). Until classified as not be a confirmed TB case, each “suspected” TB case required about 60 days of similar medical and public health services for evaluation, diagnosis, medications, directly observed therapy for treatment, monitoring, and investigations as a confirmed TB case.

Suspected TB Case Definition\textsuperscript{4}
A person for whom there is high index of suspicion for active TB (e.g., a known contact to an active TB case or to a person with signs or symptoms consistent with TB) who is currently under evaluation for TB disease.

http://chfs.ky.gov/dph/epi/tb.htm
Methods:
Data were collected and electronically reported to the CDC via the TB National Electronic Disease Surveillance System (TB-NEDSS) by all 120 Kentucky (KY) local health departments (LHDs). A 49-variable Report of Verified Case of Tuberculosis (RVCT) form was used for reporting cases that met the Council of State and Territorial Epidemiologists case definition for confirmed cases. Demographic, behavioral, medical and clinical information were reported for all confirmed TB cases in KY per the objectives set forth by the TB Elimination and Laboratory Cooperative Agreement with CDC. “Suspected” TB cases, as defined by CDC, were reported to KTP by phone, fax or mail using the required KY reportable disease form, or electronically through TB-NEDSS. However, only a portion of the RVCT variables were initially required to be collected or reported until the reported case was classified as a “confirmed” TB case.

Results:
In 2013, KY reported an all-time low of 59 confirmed TB cases. However, the reported number of “suspected” TB cases (234) was about four times greater than the 59 confirmed TB cases. Since 2013, confirmed TB case reports have been increasing, marking the first sustained upward trend in 21st Century cases. From 2013 through 2016, Kentucky had 297 confirmed TB cases occurring in over half (58%) of the counties in the state. However, LHDs investigated 1,342 “suspected” TB cases during this same 4-year period. These reported “suspected” TB cases numbers were 4.5 times the reported confirmed TB case numbers. Appalachian counties had 6.4 times more “suspected” cases than confirmed cases, while non-Appalachian counties reported 4.2 times more “suspected” TB cases than confirmed TB cases. The statewide total burden for all reported TB cases (i.e., confirmed cases plus “suspected” cases”) was 5.5 times greater than the reported confirmed TB case numbers.

Conclusions:
Public health officials, government, and the public need to be aware of the much larger burden of “suspected” TB cases in Kentucky that use healthcare and public health resources compared to reported confirmed TB cases. Government funding for TB prevention and control programs, and the public’s perception of the burden of TB, is usually based on the much smaller reported number of confirmed TB cases. Federal standardization of “suspected” TB case reporting is needed for national recognition of medical and public health resources expended for the increased TB caseloads caused by “suspected” TB cases.

Acknowledgements:
KTP would like to thank all physicians, nurses, local health department TB coordinators, and regional epidemiologists for their dedication and support towards TB prevention and control in Kentucky.

For more information, please contact the KY TB Program.
SNTC Comprehensive TB Course

Green River Health District TB Coordinators, Melissa Barnett and Tiffany Nalley (pictured left), attended the Comprehensive TB Course presented by SNTC at the Straughn IFAS Extension Professional Development Building in Gainesville Florida on November 13th – 17th, 2017. This five-day intensive course covered all aspects of tuberculosis infection, disease and clinical care using an interdisciplinary and interactive approach. The curriculum was provided through lecture and interactive case management. The participants included physicians, nurses, CDC staff and epidemiologists from South Africa, Vietnam, Canada, and the United States. The KY TB Program is able to provide training scholarships to those who meet eligible criteria. If you are a TB provider, clinician or TB Coordinator, you may be able to attend. Please contact Ruth Willard, KY TB Program’s nurse educator for more information.

A special presentation was given by Shaka Brown, a world renown salsa dancer and an extra-pulmonary TB survivor! His story can be found at http://www.shakabrown.com

Southeastern National TB Center Named Center of Excellence By CDC in 2018

The Southeastern National TB Center at the University of Florida has received funding from CDC for a new 5-year cycle to support Kentucky and other Southeastern region states as a TB Center of Excellence for Training, Education and Medical Consultation.

The CDC’s stated purpose of the TB Centers of Excellence is to:
* Increase knowledge, skills, and abilities for TB prevention and control through communication, education, and training activities, and
* Improve sustainable evidence-based TB clinical practices and patient care through the provision of expert medical consultation.

The Southeastern region, as defined by the CDC, includes Minnesota, Wisconsin, Illinois, Kentucky, Tennessee, North Carolina, Mississippi, Alabama, Georgia, South Carolina, Florida, Puerto Rico and the US Virgin Islands. SNTC staff and consultants are excited at what awaits in 2018!

The KY TB Program encourages providers and clinicians to contact SNTC for expert medical consultations at 800-4TB-INFO. http://sntc.medicine.ufl.edu/
World TB Day

World TB Day is approaching fast. Each year World TB Day is recognized on March 24th with a variety of activities. This annual event commemorates the date Dr. Robert Koch announced his discovery of the bacillus that causes tuberculosis (TB). The Centers for Disease Control and Prevention’s Division of Tuberculosis Elimination (CDC/DTBE) has chosen the 2018 theme, “Wanted: Leaders for a TB-Free United States. We can make history. End TB”

This year for World TB Day, the KY TB Program is planning a bulletin board to focus on TB awareness and recognition our TB leaders across the state with a proclamation from the governor distinguishing March as TB Awareness Month in Kentucky. We will host an informational table at the CHFS lobby on March 23rd focusing on TB in Kentucky. Additionally, we are requesting social media highlights on Twitter and Facebook from the CHFS. We hope that you will be able to participate, even in a small way, and advocate for TB Awareness on World TB Day and request that you share pictures and highlights from your community with the KY TB Program! Please check the following websites for additional resources and materials from the DTBE World TB Day Website.

More information and materials from the KY TB Program will be distributed via email as World TB Day approaches.

The Kentucky TB Nurse Case Management Training Program Moves Onward

The KY TB-NCM Training Program was developed in collaboration with the Southeastern Tuberculosis Center (SNTC). This online training is a cased-based program reinforced by a subject matter expert to “coach” the learner along the way. Each learner is guided through realistic scenarios as he or she learns the many aspects of caring for the TB patients. The learning interactions include questions, videos, role plays, and other activities use to tach specific nurse case management processes. The KY TB Program and SNTC have sponsored 9 nurses for completion of the 30-hour training with 4 additional nurses scheduled first quarter 2018 with the excellent coaching team consisting of Tim Kreimer, Wendy Keown, and Kathy Gifford. Thank you Coaches!
Management and outcome of Bacille Calmette-Guérin vaccine adverse reactions.

Background: Bacille Calmette-Guérin (BCG) vaccine is one of the most widely used vaccines globally. Management of local BCG complications (injection site reactions and suppurative or non-suppurative lymphadenitis) varies between clinicians, and the optimal approach remains uncertain.

Aim: To determine the clinical features, management and outcome of BCG complications at two large acute hospitals in London, United Kingdom.

Methods: All children presenting with complications of BCG vaccination between January 2008 and December 2013 were included in this observational study. Medical and electronic laboratory records were reviewed to determine clinical features, treatment and outcome.

Results: Sixty children presented with adverse reactions. Two-thirds (65%) presented with BCG lymphadenitis, one-third (30%) presented with injection site complications and two children (3%) presented with both injection site reaction and lymphadenitis; only one child (2%) had disseminated BCG disease. The majority (88%) of children with injection site reactions were managed conservatively; overall, 95% showed complete resolution within 6 months. Among children with lymphadenitis, 46% were managed conservatively, whilst 54% had anti-tuberculous therapy and/or a procedure (aspiration mostly, or surgery); complete resolution was seen in 59% of cases.

Conclusions: Injection site reactions and non-suppurative lymphadenitis were generally managed conservatively, with good outcomes. There was more variation in management and outcome of suppurative lymphadenitis and the optimal approach remains uncertain.


Global Tuberculosis Report 2017


The World Health Organization has published a global TB report every year since 1997. The main aim of the report is to provide a comprehensive and up-to-date assessment of the TB epidemic, and of process in prevention and treatment of the disease at global, regional and country levels.


Reported Tuberculosis in the United States, 2016

CDC NCHHSTP Division of Tuberculosis Elimination (November 2017).

This CDC report presents summary for the United States TB cases reported to the Division of TB Elimination during 2016.

Tuberculosis Sanitariums: Reminders of the White Plague

Excerpts from National Trust for Historic Preservation, info@savingplaces.org

For centuries, the white plague - also known as tuberculosis (TB) or consumption - was considered an ailment of the poor. The rich often escaped the embarrassment of the disease by retreating to European health spas. As the Industrial Revolution brought more workers into crowded urban centers, the plague spread and no one was immune.

Bacteriologist Robert Koch’s germ theory in 1882 provided better insight into the disease explaining the spread of tuberculosis. State and local anti-tuberculosis organizations led social movements to improve sanitary conditions through anti-spitting laws and health regulations; encouraged consumptives to seek medical treatment; and persuaded state and local governments to create a network of state and county hospitals that isolated consumptives. These sanitariums mark the beginning of government-funded campaigns to address tuberculosis. At these sites, consumptives spent years seeking a cure through prescribed regimens of fresh air and sunlight. Located away from local urban populations, these self-sufficient medical complexes became isolated communities containing a series of buildings that provided housing for patients and staff, medical and administrative offices, utility plants, and other uses.

In 1884, Dr. Edward Trudeau, a consumptive himself, opened the first public tuberculosis sanitarium in Saranac Lake, New York. His first open-air cottage (pictured below), “Little Red,” inspired the design of a number of institutions throughout the country. In the 1920s and ‘30s, states began passing laws that required state hospitals to provide beds equal to the number of tuberculosis-related deaths in each region. Soon these simple cottages grew into expansive medical complexes. The first government-funded sanitariums were large institutions that borrowed design elements from previously developed government prisons and asylums. The interiors had plain decorating that was easy to clean and prevent contagious tubercle bacilli and dust from collecting. The need to create sanitary environments that complemented the fresh-air treatment, in part, contributed to the Modernist movement. Modern architecture design reflected the core principles of tuberculosis treatment -- fresh air, sunlight, and hygiene.

The development and use of streptomycin in the treatment of tuberculosis during World War II brought an end to the White Plague and the sanitarium movement. Many of these large complexes were abandoned and fell into ruin. In other cases, these structures found new uses -- for example, the Wisconsin State Sanitarium in Whales was converted Ethan Allen School for Boys in 1959 after the sanitarium closed.

For the few sanitariums that remain, rehabilitation has required creativity. The 1940 Silvercrest Tuberculosis Sanitarium in New Albany, Indiana, was designed in the Art Deco and Art Modern styles and closed in 1972. It recently underwent an extensive renovation to create a senior housing community. Others like the Waverly Hills Tuberculosis Sanitarium (pictured right) outside of Louisville, Kentucky, has become a tourist attraction, with the local historical society leading ghost tours and ghost hunts. The site has been featured on television programs and documentaries as well. The funds raised by these activities contribute to the site’s ongoing maintenance and preservation. [https://www.therealwaverlyhills.com](https://www.therealwaverlyhills.com)

The Ashland TB Hospital (pictured left) built in the 1940s and closed in the mid-1970’s quickly became a KY state crime lab for over 25 years and now provides housing for women and children who were victims of domestic abuse through Safe Harbor of Northeast Kentucky. KY had a total of 6 District TB Hospitals. For more information on KY TB history and photos please click here [http://chfs.ky.gov/dph/epi/tbhistoryphotos.htm](http://chfs.ky.gov/dph/epi/tbhistoryphotos.htm)
The World Health Organization reports that smoking substantially increases the risk of Tuberculosis (TB) and death from TB. Several reviews have found that cigarette smoking is associated with an almost doubling of risk for TB infection, disease, and mortality. On a global scale, more than 1.3 billion people smoke and there are almost 9 million cases of TB and 1.3 million deaths from the disease. In an analysis, WHO determined that in the 22 countries experiencing 80% of the global TB burden, 23% of the cases can be attributed to smoking.

In the United States, about 17.8% of the adult population currently smoke cigarettes. Cigarette smoking is the leading cause of preventable death and disease in the United States and more than 16 million Americans are living with a smoking-related disease. In the Southeastern United States, all but one state have higher rates of tobacco use than the national average. A majority of these same states also have high TB case rates.

In the 2014 Surgeon General’s Report there was a section added on the link between Tuberculosis and Tobacco. The research that they report came up to several conclusions, which are as follows:

- Evidence is sufficient to infer a causal relationship between smoking and an increased risk of Mycobacterium Tuberculosis disease.
- Evidence is sufficient to infer a causal relationship between smoking and mortality due to tuberculosis.
- Evidence is suggestive of a causal relationship between smoking and the risk of recurrent tuberculosis disease.

As a result of the conclusions in both the WHO report and the Surgeon General’s Report, it is recommended that tobacco be controlled everywhere and with a special focus on those areas where people are at risk of TB infection. They also recommend coordinating TB and tobacco control programs and cross-train TB and tobacco control health workers.

The TB Program presents a unique opportunity for tobacco cessation interventions because there is regular contact with a TB patient for at least 6 months, providing a consistent opportunity to provide cessation services with TB treatment. Patients are more likely to be motivated by their TB diagnosis to make a behavior change and quit using tobacco.

Additional Training Webinars available at http://sntc.medicine.ufl.edu/Webinars.aspx below:

**TB and Tobacco: What You Need to Know**

This 1-hour webinar is the first in a series of webinars that updates TB Healthcare providers with the latest information regarding the link between tobacco and tuberculosis as reported by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).
Presenter: Stefani Nixon, MPH, CPH, CHES, CTTS

**Help Them Quit: Tobacco Cessation Interventions for TB Patients**

This 45-minute webinar is the third in a series of webinars that updates TB Healthcare providers with the latest information regarding the link between tobacco and tuberculosis as reported by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).
Presenter: Stefani Nixon, MPH, CPH, CHES, CTTS

**TB and Tobacco: Pharmacotherapy for Tobacco Cessation**

This 1-hour webinar is the second in a series of webinars that updates TB Healthcare providers with the latest information regarding the link between tobacco and tuberculosis as reported by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).
Presenter: Cathy Cook, MSW, LCSW, CTTS

**TB and Tobacco: Treating Tobacco Dependence in Special Populations**

This 50-minute webinar is the fifth and final in a series of webinars that updates TB Healthcare providers with the latest information regarding the link between tobacco and tuberculosis as reported by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).
Presenter: Stefani Nixon, MPH, CPH, CHES, CTTS

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**Quit Now Kentucky**

Tobacco use and dependence is the leading preventable cause of death in Kentucky and the nation. More than 8,000 Kentuckians die each year because of tobacco-related diseases. Eighty-five percent of all lung cancers are caused by cigarette smoking, and Kentucky leads the nation in lung cancer deaths. Smoking is a major risk factor for the four leading causes of death: heart disease, cancer, stroke and chronic obstructive pulmonary disease (COPD). Annually, Medicaid and Medicare costs exceed an estimated $1.2 billion for treatment of Kentuckians suffering smoking-related diseases and conditions. This equals $300 for each of the four million people living in Kentucky.

Quit Now Kentucky is a statewide telephone service that provides free counseling and support for people who want to stop smoking or using other tobacco products. Highly trained cessation specialists answer calls daily from 8 A.M. until 1 A.M. to help tobacco users develop a quit plan. Quit Now counseling and materials are provided to callers at no charge.

Quit Line services are available in English, Spanish, and Arabic at the time of the call and more than 190 languages using a translation service. TDY/TDD is available at (800) 969-1393.

http://chfs.ky.gov/dph/epi/tb.htm
Smokefree.gov is intended to help you or someone you care about quit smoking. Different people need different resources as they try to quit smoking cigarettes. The information and professional assistance available on this Website can help to support both your immediate and long-term needs as you become, and remain, a non-smoker.

Smokefree.gov allows you to choose the help that best fits your needs. You can get immediate assistance in the form of:

- Information about a wide range of topics related to smoking and quitting
- LiveHelp, the National Cancer Institute's instant messaging service
- Local and state telephone quitlines, 1-800-QUIT-NOW
- National Cancer Institute's telephone quitline, 1-877-44U-QUIT
- SmokefreeTXT, the National Cancer Institute's text messaging service
- Smokefree apps, quizzes, and materials to download
- Publications to download, print, or order

The Website was created by the Tobacco Control Research Branch of the National Cancer Institute.

Smokefree Resources Overview
This handout provides an overview of evidence-based tools created by the Tobacco Control Research Branch of the National Cancer Institute (NCI) that are available to help you or someone you know quit smoking. It includes summaries of the Smokefree.gov website, the SmokefreeTXT texting program, and the QuitGuide smartphone app.

Smokefree Overview for Physicians
This handout provides an overview of evidence-based tools created by the Tobacco Control Research Branch of the National Cancer Institute (NCI) that are available to help patients with a personalized quit experience. It includes summaries of the Smokefree.gov website, the SmokefreeTXT text message program, and the QuitGuide smartphone app as well as an overview of interactive cessation tools, NCI's LiveHelp chat service, and telephone quitlines.

Medication Guide for Physicians
This one pager provides an overview of quit smoking medications and Nicotine Replacement Therapy (NRT). The guide highlights Food and Drug Administration (FDA)-approved medications that can help patients who are trying to quit.

This toolkit was developed based on WHO Capacity Building Training Package 4 entitled “Strengthening health systems for treating tobacco dependence in primary care”, the latest evidence on the association between tobacco use and oral diseases as well as the evidence on the benefits of tobacco cessation on oral health outcomes. Its target audience are oral health care providers. It aims to serve as a quick reference guide to help oral health care providers deliver brief tobacco interventions as part of their routine practice in primary care.
2018 Training and Events

March 29, 2018  10:30 AM-5:00 PM CST  Kentucky TB Update for Physicians and Clinicians, Bowling Green, KY
Sponsored by SNTC, this clinical course update provides in-depth TB knowledge through case review and didactic lecture.  http://sntc.medicine.ufl.edu/

April 23-27, 2018  8:00 AM-5:30 PM EST  SAVE THE DATE- Comprehensive TB Course
SNTC presents a five-day intensive course for the clinician and healthcare worker with all aspects of tuberculosis infection, disease and clinical care. Please contact the KY TB Program for more information.

May 9-10, 2018  8:00 AM-4:30 PM EST  TB 101 Orientation, CHFS, Frankfort, KY
2-day course for new LHD personnel. Prerequisites. https://ky.train.org/  Course ID: 1075179

May 21-25, 2018  8:00AM- 5:00 PM EST  2018 National TB Conference, Palm Springs, CA
NTCA and the California TB Controllers Association will co-sponsor the 2018 National TB Conference at the Omni Rancho Las Palmas with a theme of TB Elimination in the US: Mirage or Oasis?

June 4, 2018  8:00 AM-5:00 PM EST  TST Train-The-Trainer Course, Green River District Health Department, Owensboro, KY
This one-day skill-building course provides the knowledge needed to plan, teach, and evaluate a Mantoux Tuberculin Skin Test (TST) course. Registration is limited to 25 participants through SNTC at http://sntc.medicine.ufl.edu/

June 6, 2018  8:00 AM-5:00 PM EST  TST Train-The-Trainer Course, Franklin County Health Department, Frankfort, KY
This one-day skill-building course provides the knowledge needed to plan, teach, and evaluate a Mantoux Tuberculin Skin Test (TST) course. Registration is limited to 25 participants through SNTC at http://sntc.medicine.ufl.edu/

June 8, 2018  8:00 AM-5:00 PM EST  TST Train-The-Trainer Course, Laurel County Health Department, London, KY
This one-day skill-building course provides the knowledge needed to plan, teach, and evaluate a Mantoux Tuberculin Skin Test (TST) course. Registration is limited to 25 participants through SNTC at http://sntc.medicine.ufl.edu/

Please contact Ruth Willard at 502-564-4272 ext. 4296 or Ruth.Willard@ky.gov for education and training questions.

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http://chfs.ky.gov/dph/epi/tb.htm