

The DOT: Discussions on Tuberculosis

The Kentucky Tuberculosis Prevention and Control Program Newsletter

Winter Edition | December 2021

In this Issue

Controller’s Message	P. 1
Nurse Consultant Column	P. 2
Epidemiology Editorial	P. 4
The Laboratory Report	P. 6
Welcome New TB Staff	P. 7
COVID-19 and TB Update	P. 8
Training and Ed. Opportunities	P. 10
Contact Information	P. 14

Controller’s Message

Greetings TB Partners,

December is a time not only for us to bring tidings of good will, but it also brings reminders for local end-of-year evaluation and reporting activities. The essential components of a public health Tuberculosis Prevention and Control Program include the completeness and timeliness of tuberculosis (TB) case reporting. Accurate and timely reporting of any *suspected* and/or *known* TB case will assure effective evaluation and treatment for patients and their infected contacts, but also assist with the prevention of ongoing transmission.



In this issue, we provide our TB partners with helpful reminders for a.) The reporting of TB suspects and the initial actions a healthcare provider and/or facility should take for diagnosing and preventing transmission, b.) Year-end reporting requirements for local health departments, and c.) How to access annual and trend TB data reports that will assist Kentucky healthcare facilities with developing their annual facility TB risk assessments.

The Kentucky TB Program is known for its excellence in data completeness. For over the past ten years, we have consistently reported to CDC 100% completeness for our case and contact reporting. We are proud of this accomplishment and readily share with our national peers that it truly takes a “team” to exceed these objectives. This TB team consists of staff from each and every one of our state and local health departments, healthcare facilities, laboratories, pharmacies, correctional facilities, and shelters that readily report to and assist with active surveillance for our program.

As we reflect on this past year, we want to give special thanks to you, **Our Team**, for helping us exceed in the prevention and control of TB.

For more information on a these essential TB Program components, [click here](#).

Emily Anderson, RN, BSN
TB Controller/Program Manager
EmilyA.Anderson@ky.gov



Find the Super “T” Bug

The Super “T” Bug is the official mascot of the Kentucky TB Program, and he’s hidden somewhere within this newsletter! (*Not including the image below, or on the “Contact Us” page [p.12]*). Once you’ve found him, [email](#) Charlie Rhea with the Super “T” Bug’s location. If you have the correct answer, you will be entered into a drawing for a \$10 gift card. One winner per newsletter will be selected and awarded the prize.



Nurse Consultant Column

Ask the Nurse Consultant: Healthcare Personnel with are Prior Positive TB Result

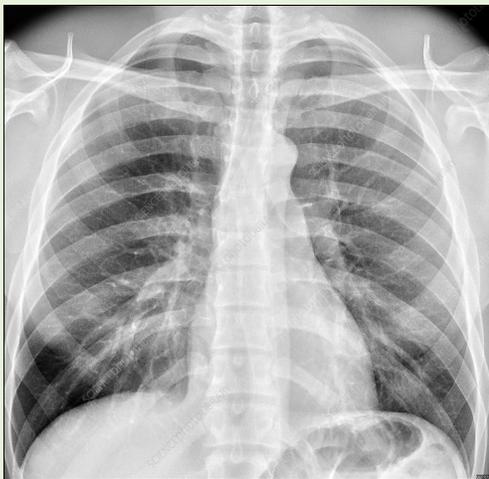
Question from the Field: “How should healthcare personnel with a documented history of a prior positive TB test be screened?”

Answer from the Nurse Consultant: Healthcare personnel with a documented history of a prior positive TB test (skin test or BAMT) should receive an individual TB risk assessment and TB symptom screening upon hire (pre-placement). Additionally, individuals with a documented prior positive TB test should receive a chest x-ray or provide documentation of a normal chest x-ray upon hire, however repeating the chest x-ray is not required.



Treatment for LTBI is strongly encouraged for healthcare personnel diagnosed with LTBI. Short course LTBI treatment regimens should be encouraged as they are more likely to be associated with completion when compared to the traditional 6-9 of isoniazid. Short course LTBI regimen options include:

- 3HP— Once-weekly isoniazid and rifapentine, administered by DOPT for 3 months.
- 4RIF—Once-daily rifampin, self-administered for 4 months



Healthcare personnel with untreated LTBI should receive an annual TB risk assessment and symptom screening to detected early evidence of active TB disease and re-evaluated the risks/benefits of LTBI treatment. A repeat chest x-ray is not required, **unless** this individual is symptomatic, or as part of the repeat evaluation prior to starting LTBI treatment.

Click [here](#) to be re-directed to the Kentucky TB Program' s TB-4 TB Risk Assessment form. Click [here](#) to be re-direct to the 902 KAR 20:205 regulation and see section 4 for more info.



IMPORTANT

Remember!

When testing anyone for tuberculosis, a [risk assessment](#) should be conducted in addition to the test itself.

SEE HERE

Nurse Consultant Column

Reminder: “Think TB!” and Timely Reporting TB Suspects

As we continue to navigate through the COVID-19 pandemic response, we remind our readers to “Think TB” when evaluating your patients and report anyone who meets suspect criteria:

A TB “Suspect” is defined as a person for whom there is a [high index of suspicion for active TB](#) (i.e. a known contact to an active TB case, or a person with signs/symptoms consistent with active TB, etc.) who is [currently under evaluation](#) to determine if they have active TB disease vs. another diagnosis.

Since this definition is broad, providers should consider a variety of clinical evidence when determining if a patient meets suspect criteria including: clinical presentation, laboratory evidence, chest radiography results, epidemiologic history, co-morbidities of interest to TB, and other risk factors. Once a TB suspect has been identified, the following actions must take place:

- The patient should be **isolated** and you should **collect three (3) sputum** (8-24 apart) before starting treatment. All three (3) sputum should be sent to the Kentucky Division of Laboratory services for AFB smear and culture testing, and request one (1) receive GeneXpert testing for rapid TB detection and to rule out Rifampin resistance.
- Providers and other staff in hospitals and other healthcare facilities must report TB suspects to the **local health department (LHD)** where the patient resident resides within one (1) business day—*this reporting is required per the Kentucky Regulation [902 KAR 2:020](#)*.
- The LHD should then report suspects to the Kentucky TB Program within one (1) business day.



If you have questions related to these topics, or any other nurse case management topics, please do not hesitate to Michelle Stephens (Michelle.Stephens@ky.gov) TB Outreach and Education Nurse.

Michelle Stephens, RN
Outreach and Education Nurse
Michelle.Stephens@ky.gov



Epidemiology Editorial

Local Health Department Year End TB Data Closeout

As 2021 is coming to a close, it is time for all local health departments (LHDs) to ensure all their TB-related data and reports are finalized and submitted. An official memorandum (*pictured below*) will be sent to all Local TB Coordinators on December 6, 2021 containing instructions on how to submit all data and reports due to the Kentucky TB Program. We also wanted to take an opportunity to review these items and their due dates:

1. Complete a Report of Verified Case of Tuberculosis (TB) for all *confirmed*, active cases of TB.

- All confirmed, active cases of TB must have a completed RVCT within the NEDSS system. Please review all variables to ensure completion and accuracy with no “*unknowns*”.

2. Report any outstanding “*suspected*” cases of TB

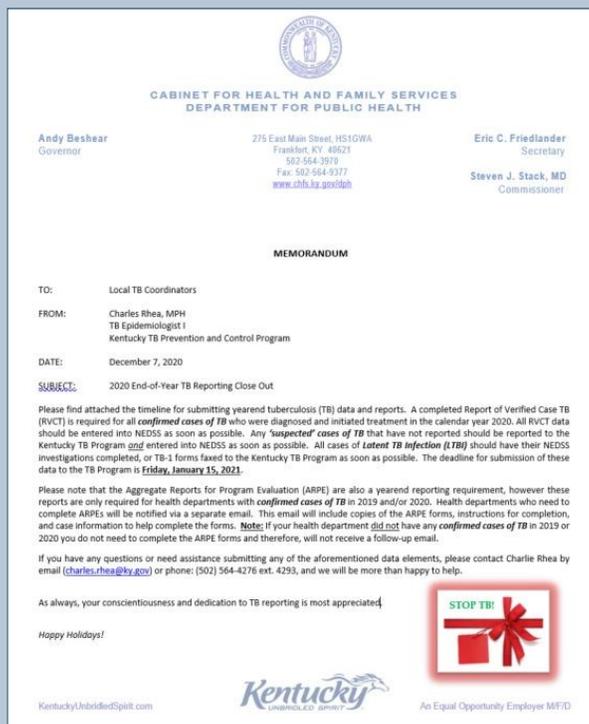
- Please report any “*suspected*” cases of TB from your jurisdiction to the Kentucky TB program and enter the patient information into NEDSS.

3. Submit any outstanding latent TB infection (LTBI) reporting forms (via LTBI NEDSS or TB-1 form)

- If your jurisdiction is reporting via the LTBI NEDSS investigation, please review all entered cases and ensure all variables have been completed and close those who have completed treatment.
- If your jurisdiction is reporting via TB-1 forms, submit any outstanding initial forms. Please also re-submit the finalized forms once these cases have completed treatment.

4. Submit completed EDN TB Follow-up Worksheets on B-Class Arrivals for 2020

- Please complete and submit any outstanding or pending TB Follow-up Worksheets for any B-Class individuals who arrived in your jurisdiction during 2020.



All the data requirements detailed above are due by close of business on

January 14, 2022



Epidemiology Editorial

Kentucky TB Program Data Webpage and 2021 TB Data Reports

The Kentucky TB Program maintains a webpage to house our most recent, publicly available data reports. Each year, we publish reports on confirmed cases of TB, confirmed and “suspected” cases of TB, and a 10-year report. These reports are broken down to the county-level, but also include case totals for Kentucky area development districts and local health department district levels in order for it to be useful across a wide audience. Click [here](#) for our TB data webpage.

Kentucky's 2020 Preliminary Tuberculosis Confirmed Case Counts and Incidence Rates by Area Development District and County

District or Independent Health Department Association	County	Population [§] Est. in 2019	# of 2020 Confirmed Cases*	Incidence Rate [†]
Area Development District I - Purchase				
Purchase District Health Dept.	Ballard	7,888	0	0.0
Purchase District Health Dept.	Carlisle	4,760	0	0.0
Purchase District Health Dept.	Fulton	5,969	0	0.0
Purchase District Health Dept.	Hickman	4,380	0	0.0
Purchase District Health Dept.	McCracken	65,148	1	1.5
	District Health Dept. Subtotal	88,145	1	1.1
Independent Health Dept.	Calloway	39,001	0	0.0
Independent Health Dept.	Graves	37,266	1	2.7
Independent Health Dept.	Marshall	31,100	0	0.0
	Area Development Dist. Total	195,512	2	1.0
Area Development District II - Pennyrite				
Pennyrite District Health Dept.	Caldwell	12,747	0	0.0
Pennyrite District Health Dept.	Crittenden	8,806	0	0.0
Pennyrite District Health Dept.	Livingston	9,194	0	0.0
Pennyrite District Health Dept.	Lyon	8,210	0	0.0
Pennyrite District Health Dept.	Trigg	14,651	0	0.0
	District Health Dept. Subtotal	53,608	0	0.0
Independent Health Dept.	Christian	70,461	0	0.0
Independent Health Dept.	Hopkins	44,686	0	0.0
Independent Health Dept.	Muhlenberg	30,622	0	0.0
Independent Health Dept.	Todd	12,294	0	0.0
	Area Development Dist. Total	211,671	0	0.0

INFECTIOUS DISEASE BRANCH

Tuberculosis Data

Information on Kentucky TB Data

Kentucky TB data are collected via the National Electronic Disease Surveillance System by all local health departments. All confirmed cases of TB meet the Council of State and Territorial Epidemiologists [case definition](#).

Kentucky conducts enhanced surveillance on all suspected cases of TB. While suspected cases of TB are not reportable in the U.S., Kentucky presents this data in an additional report. The Centers for Disease Control and Prevention (CDC) defines a suspected case of TB as a person currently under TB disease evaluation for whom there is a high suspicion for active TB. High suspicion for active TB can be based on factors including known contact with a person with active TB or showing signs or symptoms consistent with TB.

Disclaimer: All TB-related data are considered preliminary until finalized and released by CDC. Finalization of yearly data typically occurs late the following year. Case data for 2018 should be finalized in late 2019. All reports clearly identify whether the included data are preliminary or final in the heading of each page.

Note: All TB-related data are considered preliminary until finalized and released by CDC. Finalization of yearly data typically occurs late the following year. All reports clearly identify whether the influenced data are preliminary/final in the heading of each page.

Annual Confir

- 2019
- 2020

Annual Confir
Statistics

- 2019
- 2020

Kentucky's Preliminary 2020 Confirmed and "Suspected" but Never Confirmed Cases of Tuberculosis

District or Independent Health Department Association	County	Population [§] in 2019	# of 2020 Confirmed TB Cases*	Rate [†] of Confirmed TB Cases	# of 2020 Suspected TB Cases	Rate [†] of Suspected TB Cases	Total Number of Cases & Suspects	Rate [†] of Total TB Cases
Area Development District I - Purchase								
Purchase Dist. Health Dept.	Ballard	7,888	0	0.0	0	0.0	0	0.0
Purchase Dist. Health Dept.	Carlisle	4,760	0	0.0	0	0.0	0	0.0
Purchase Dist. Health Dept.	Fulton	5,969	0	0.0	0	0.0	0	0.0
Purchase Dist. Health Dept.	Hickman	4,380	0	0.0	0	0.0	0	0.0
Purchase Dist. Health Dept.	McCracken	65,148	1	1.5	1	1.5	2	3.1
	District HD Subtotal	88,145	1	1.1	1	1.1	2	2.3
Independent Health Dept.	Calloway	39,001	0	0.0	1	2.6	1	2.6
Independent Health Dept.	Graves	37,266	1	2.7	2	5.4	3	8.1
Independent Health Dept.	Marshall	31,100	0	0.0	2	6.4	2	6.4
	A.D.D. Total	195,512	2	1.0	6	3.1	8	4.1
Area Development District II - Pennyrite								
Pennyrite Dist. Health Dept.	Caldwell	12,747	0	0.0	0	0.0	0	0.0
Pennyrite Dist. Health Dept.	Crittenden	8,806	0	0.0	0	0.0	0	0.0
Pennyrite Dist. Health Dept.	Livingston	9,194	0	0.0	1	10.9	1	10.9
Pennyrite Dist. Health Dept.	Lyon	8,210	0	0.0	1	12.2	1	12.2
Pennyrite Dist. Health Dept.	Trigg	14,651	0	0.0	1	6.8	1	6.8
	District HD Subtotal	53,608	0	0.0	3	5.6	3	5.6
Independent Health Dept.	Christian	70,461	0	0.0	2	2.8	2	2.8
Independent Health Dept.	Hopkins	44,686	0	0.0	4	9.0	4	9.0
Independent Health Dept.	Muhlenberg	30,622	0	0.0	2	6.5	2	6.5
Independent Health Dept.	Todd	12,294	0	0.0	0	0.0	0	0.0
	A.D.D. Total	211,671	0	0.0	11	5.2	11	5.2

Kentucky's 2021 TB data reports will be developed in early 2022 and will be published on our website in early spring. Once these reports are available online, we will notify all stakeholders via email. If you have any questions regarding TB surveillance—including the year end reporting requirements, or available data reports, please contact Charles Rhea, TB Epidemiologist, (charles.rhea@ky.gov)

Charles H. Rhea, MPH
Epidemiologist I
charles.rhea@ky.gov



The Laboratory Report

TB Lab Staffing Updates:

We would like to introduce Josh Stacy as the newest member of our TB lab team. Josh graduated from Florida State University in 2019 and moved to Kentucky shortly thereafter. As a native Floridian, he is enjoying the seasonal weather here, with fall being his new favorite. Josh previously worked in fermentation microbiology and joined us here at the Kentucky Division of Laboratory Services (DLS) this past May. We are absolutely thrilled to have him and he has already proven to be a great asset to our lab! Also, please be aware Melissa Peterson has transitioned to a new role at DLS and will no longer be working in the TB lab.

Culture Identification Testing Update:

This past July the TB lab went live with identification of mycobacterial isolates by MALDI-TOF MS, using our new Bruker Biotyper system. You may notice the culture identifications on the reports are a bit different in naming structure with this assay than with previous methods, so feel free to call us if you have any questions.

Mycobacteriology	
Culture Identification	
Results:	Mycobacterium tuberculosis complex
Method of ID	MALDI-TOF Bruker Mass Spectrometry
****These results were obtained with research procedures or research reagents. These results must not be used as the sole criteria for diagnosis, treatment or the assessment of a patients health. Clinical correlation is required. These methods have been validated by the Division of Laboratory Services.****	
Method of Analysis: MGIT 960 growth tube and LJ siant for clinical specimens. LJ and/or 7H10 and/or 7H9 broth, for referred isolates.	
Normal Range: No acid fast bacilli grown.	

Specimen Shipping Updates and Reminders:

DLS is continually working to improve specimen shipping options for our submitting facilities. We are currently exploring the potential to add additional courier stops to our current routes, which pick up nightly at the birthing hospitals. Pre-paid labels for USPS delivery and overnight shipping through the DLS funded FedEx account will continue to be available. As of now we are still determining the feasibility of the courier expansion, however, would like to gauge potential interest at this time. If your site would be interested in courier pickup as an alternative or addition to these other shipping options, please contact **Leigh Ann Bates at 502-782-7703** or **Rachel Zinner at 502-782-7754**. To request collection kits check out the [DLS website](#). For the lab kits requisition form, call Leigh Ann at the aforementioned number. One last friendly reminder, if you are shipping a specimen to DLS for the rapid GeneXpert test, we are asking all submitters to please use the FedEx account or a courier. We would like to have these specimens as quickly as possible.

If you have any questions about TB testing or specimen shipping,
please contact the TB lab staff:

Katelyn Cox, Laboratory Scientist—(502) 782-7205

Joshua Stacy, Laboratory Scientist—(502) 782-9126

Rhonda Lucas, Bacteriology Supervisor—(502) 782-7731

Rachel Zinner, Microbiology Branch Manager—(502) 782-7754

CONTACT INFO

Welcome to a New Member of our Team

Kentucky TB Program Welcomes New Staff

The Kentucky TB Program is thrilled to welcome Gayle LaBreche as a CDC Public Health Associate. Gayle is joining our team from the Centers for Disease Control and Prevention's Public Health Associate Program (PHAP) and will be with our program in this role for the next two (2) years working with LTBI reporting and quality improvement initiatives. The Kentucky TB Program was chosen as a PHAP host site by CDC. This introductory leadership program allows associated to complete a comprehensive training curriculum and wok with a host organization to gain hands-on public health experience. To learn more about the PHAP or to become a host site, [click here](#).



Gayle LaBreche, BS—CDC Public Health Associate

Gayle LaBreche is a native of Estill County, Kentucky. She recently graduated Magna cum Laude from Morehead State University with Bachelors of Science degrees in both Mathematics and Biology. Previously, Gayle has worked as a Laboratory Analyst at the Kentucky Principal Microbiology Laboratory, Morehead State Water Testing Laboratory. In this role, she analyzed drinking water, wastewater, and surface samples to ensure compliance with state and Environmental Protection Agency (EPA) standards for total coliforms, and *Escherichia coli*. This work was her introduction to public health and led her to apply for the Public Health Associate Program. Stepping into this new role, Gayle is excited to learn and grow as she begins her career in public health under the mentorship of the Kentucky TB Team. Gayle is a proud Appalachian and is passionate about the region's culture and giving back to the people in this area of our state. In her free time, she enjoys reading, listening to podcasts, cooking, long walks, and completing home improvement projects.

COVID-19 and TB

Updated Guidance for TB Testing and COVID-19 Vaccine Administration

During the initial roll out of the COVID-19 vaccine during early 2021, CDC provided guidance, considerations and scheduling recommendations for individuals who were receiving the vaccine but also needed a TB test. This mostly impacted healthcare workers and residents in long-term care facilities. However, the initial guidance released in January 2021 has now been rescinded and updated guidance has now been published in a “Dear Colleague Letter...” below. Click [here](#) to read the full letter.

This updated guidance recommends that COVID-19 vaccination should not be delayed because of testing for TB infection and can be done before, after, or during the same encounter as COVID-19 vaccination. Additionally, patients who have active TB disease or an illness that is being evaluated as active TB can receive a COVID-19 vaccination.

Our program will continue to provide updates on COVID-19 and its impact on TB prevention and control activities via email to our program stakeholders, and in future editions of our newsletter.



 DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention (CDC)
Atlanta GA 30341-3724

August 31, 2021

Dear Colleague:

On January 7, 2021, we sent out a Dear Colleague letter about the timing of COVID-19 mRNA vaccinations and the immune-based tests for *M. tuberculosis* infection, that is, the tuberculin skin test (TST) and interferon gamma release assays (IGRAs). At that time, we were responding to questions as to whether the new COVID-19 mRNA vaccines could change the results from those tests. To date, no studies of TST or IGRA results after COVID-19 vaccination have been published. Of what is known about the immunologic response to COVID-19 mRNA vaccination, nothing would be expected to change TST or IGRA results.

As of today, August 31, 2021, CDC is posting new recommendations about COVID-19 vaccination and the timing of immune-based tests for tuberculosis infection, such as the TST and IGRA, on its COVID-19 website (at <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>):

“COVID-19 vaccination should not be delayed because of testing for TB infection. Testing for TB infection with one of the immune-based methods, either the [tuberculin skin test \(TST\)](#) or an [interferon release assay \(IGRA\)](#), can be done before, after, or during the same encounter as COVID-19 vaccination.

“TSTs and IGRAs were previously recommended to be administered > 4 weeks after completion of COVID-19 vaccination to minimize potential interference between vaccination and TB testing. This was out of an abundance of caution during a period when these vaccines were new. However, given logistical challenges faced in delaying TB infection testing, the recommendation has been updated so that these tests may now be administered without regard to timing of COVID-19 vaccination.”

Patients who have active TB disease or an illness that is being evaluated as active TB disease can receive a COVID-19 vaccine (note: the presence of a moderate or severe acute illness is a [precaution to administration of all vaccines](#)).

Thank you for your continued hard work in the COVID-19 response, and in all that you do to continue to prevent and control TB.

Sincerely,
Terry Chorba

Terence Chorba, MD, DSc, FACP, FIDSA
Chief, Field Services Branch, Division of Tuberculosis Elimination
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road NE (US 12-4), Atlanta, GA 30329

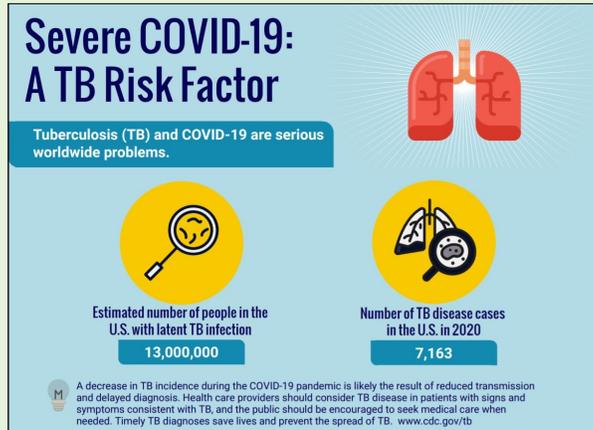
The Kentucky TB Program provides relevant COVID-19 and TB updates on our main webpage.

Click [here](#) to visit our webpage and stay tuned for updates.

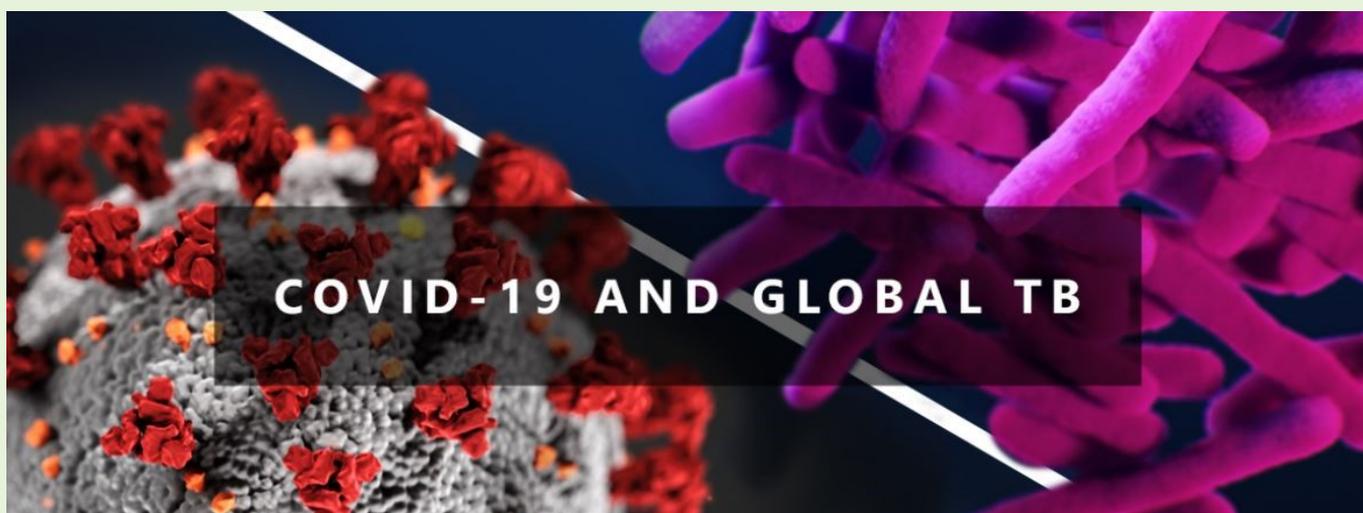
COVID-19 and TB

TB and COVID-19 Information and Resources

Please see below for updated TB and COVID-19 information and resources from our partner's at one of our TB Centers of Excellence.



The Heartland National TB Center in partnership with the National TB Nurse's Coalition developed a presentation and webcast titled: *COVID-19/TB—Diagnostics Delays and Unrecognized Risk for Progression of LTBI to TB Disease*. click [here](#) for the recorded webcast on YouTube. Additionally, this partnership developed a factsheet for healthcare providers (*preview seen above, right*). Click [here](#) to view and download the complete factsheet.



The Centers for Disease Control and Prevention has compiled information and resources on COVID-19 and TB from various partners on a dedicated webpage. Information on this page includes information on missed TB cases during the COVID-19 pandemic, diagnosis of TB during COVID-19, safety in TB health facilities, and additional resources from other organizations like the WHO and the Stop TB Partnership. Click [here](#) for access to this page.



Upcoming Trainings and Events

Ongoing Orientation

Nurse Case Management Orientation Course – Virtual

The Kentucky TB Program presents a self-paced virtual course for new local health department personnel. Pre-requisites required. Please contact the Kentucky TB Program for more information. *There will be multiple courses with rolling start dates throughout the year. Contact the program for additional information on the next cohort start dates with available seats.*

Mary 23rd-27th, 2021

National TB Controller’s Association Conference – TBD

NTCA is currently planning their annual National TB Conference for May 2022. They will continue to monitor the COVID-19 situation to determine if this will be an in-person conference, or if it will be held virtually. We will continue to provide updates on the conference format and information continuing education (CE) opportunities as they become available.

TBD

Kentucky TB Program Annual Update – Virtual

Plan to join the Kentucky TB Program and SNTC in late spring-early summer of 2022 for our annual TB Program Update. We will provide more information on the meeting’s date and time, format and CE opportunities as they become available.

See the following pages for additional education opportunities and resources:

- Questions & Answers about Tuberculosis P. 11
- Find TB Resources Search Engine P. 12
- A Clinician's Guide to the TB Laboratory P. 12
- Cultural Competency and Tuberculosis Control—Country Guides P. 13
- Patient Fact Sheet Series—Translated TB Information P. 13

For education and training questions, please contact

Michelle Stephens—TB Education and Outreach Nurse

Michelle.Stephens@ky.gov or

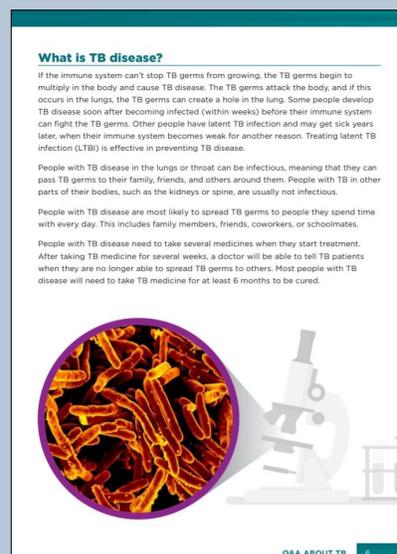
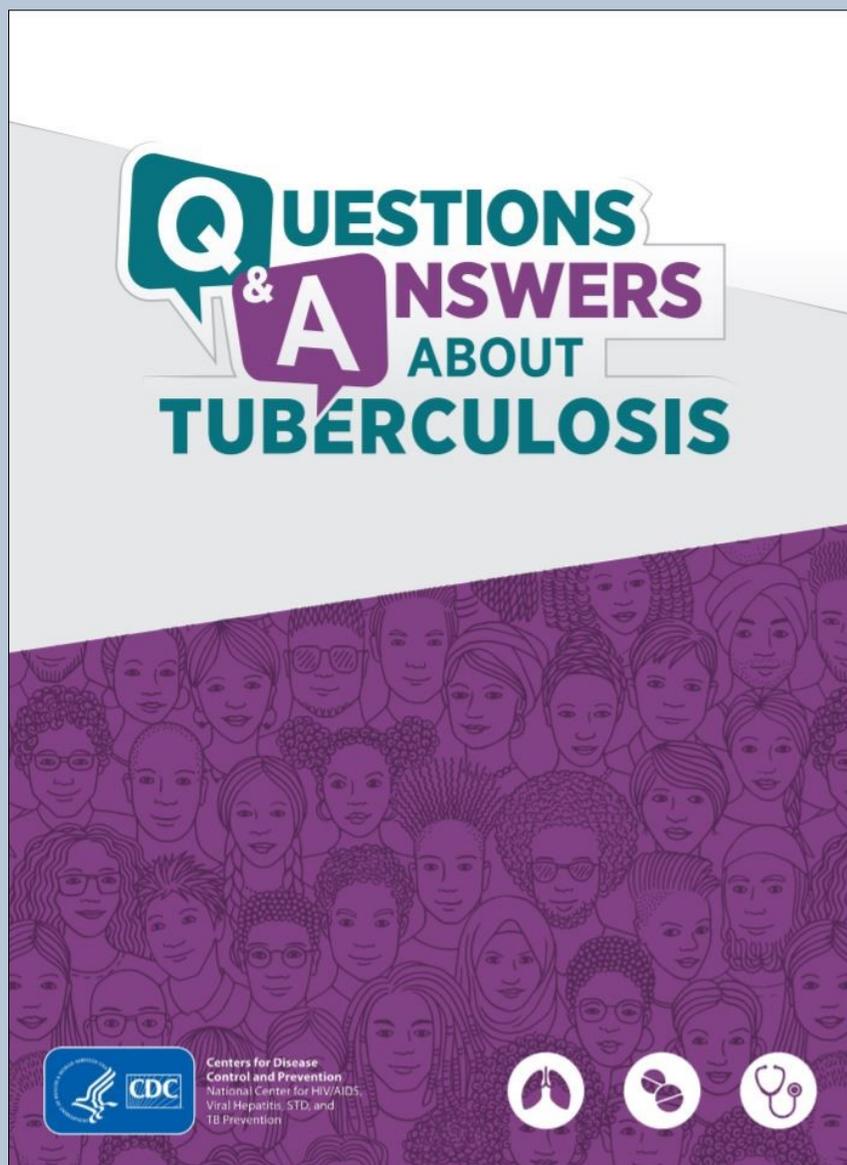
(502) 564-4276 ext. 4294

Educational Resources for Patients

Questions & Answers about Tuberculosis

The Center's for Disease Control and Prevention (CDC) Division of TB Elimination (DTBE) released a digital copy of their *Questions & Answers About Tuberculosis* document online. This pamphlet serves as an educational resource for patients and addresses common questions they may have about TB. The document also contains information that may be relevant for individuals who are contacts to active TB cases, and community partners including correctional officers, homeless shelter workers, and emergency responders. In addition to this resource being made available online, it is also available in six (6) languages including: English, Spanish, Tagalog, Vietnamese, Dari, and Pashto.

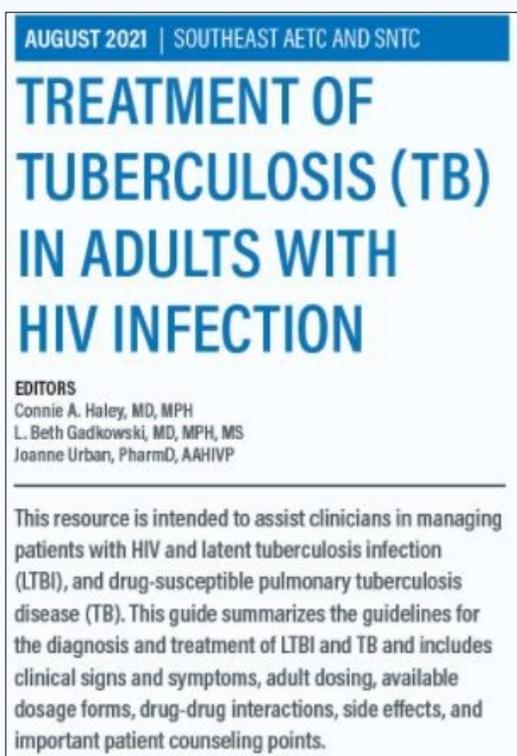
Click [here](#) to access and download this document on the DTBE website. Additionally, printed copies of each language pamphlet can be orders free of charge from [CDC-Info on Demand Publications](#).



Educational Resources for Providers

The screenshot shows the CDC 'FIND TB RESOURCES' search engine interface. At the top left is the CDC logo and the text 'Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™'. At the top right is the title 'FIND TB RESOURCES'. Below this is a navigation menu with buttons for 'Home', 'Search Materials', 'Submit Materials', 'Adapting Materials', 'Research Tools', 'Additional Resources', and 'Contact Us'. The 'Search Materials' button is highlighted. Below the navigation menu is a breadcrumb trail: 'Home > Search Materials'. The main search area contains four input fields: 'Keyword:' (with example '(e.g., "skin testing procedures")'), 'Title:' (with example '(e.g., "TB treatment")'), 'Author:' (with example '(e.g., "National Institutes of Health")'), and 'Publisher:' (with example '(e.g., "U.S. Committee for Refugees")'). Below these fields are two buttons: 'Search' and 'Clear Fields'. To the right of the search fields is a 'Search Tips' box containing the following text: 'Use additional search criteria to narrow your search.', 'Enclose the words in quotations to search for a specific phrase.', 'Remove punctuation from search terms.', and a link 'View More Search Tips'.

The Centers for Disease Control and Prevention has developed an online search engine called “Find TB Resources”. This search engine identifies resources from across the internet (based on keyword, title, author, publisher, etc.) on any TB-related topic of interest. Click [here](#) for their online webpage where you can explore this resource.



Click [here](#) for the *Treatment of Tuberculosis (TB) in Adults with HIV Infection* resource on the Southeastern National TB Center’s website. This pocket reference is designed to assist clinicians with managing LTBI and active TB in HIV-infected patients. It includes information on adults dosing, drug-drug interactions, side effects, and patient counseling points.



Contact Us

Currently, the team is working remotely due to COVID-19 restrictions.
As a result, please copy all team members on all email requests.

Emily Anderson, RN, BSN

TB Controller/Program Manager

(502) 564-4276 ext. 4298

EmilyA.Anderson@ky.gov

Charles H. Rhea, MPH

Epidemiologist I

(502) 564-4276 ext. 4293

Charles.Rhea@ky.gov

Michelle Stephens, RN

Education and Outreach Nurse

(502) 564-4276 ext. 4294

Michelle.Stephens@ky.gov

Gayle LaBreche, BS

CDC Public Health Associate

(502) 564-4276 ext. 4296

Gayle.Labreche@ky.gov

Get the  **BUGS** before
you give the **DRUGS!** 