KY TB Program Updates
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August 18, 2022
Summary

➢ AR/CSG Revision highlights
➢ Medication Shortages
➢ Study 31 Four-Month Treatment for Drug-susceptible Tuberculosis
➢ Overview of TB Nursing Case Management Reminders
➢ Staffing Changes
Administrative Reference (AR) Revisions

• Added detailed requirements for LHD contracted TB clinician services.
• Added detailed instructions for designated primary TB Nurse Case Manager.
  o The addition of the word “primary” TB Nurse Case Manager reflects that fact that larger health departments may have several TB Nurse Case Managers; however, there must be a Nurse Case Manager primarily responsible for overseeing TB-related activities for the local health department.
• Added further instructions for Outreach Workers to provide DOT or DOPT services under supervision or licensed personnel.
• Changed TB Coordinator to TB Nurse Case Manager
AR Revisions Cont.

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• Added further instructions for Outreach Workers to provide DOT or DOPT services under supervision or licensed personnel.
AR Revisions Cont.

• Added clarification language instructing TB Nurse Case Managers to complete their training requirements within 90 days of employment
  o CDC TB Modules 1-9
  o KY TB Program Virtual 101 Orientation within six months of hire

• Added language requiring Primary TB Nurse Case Manager to complete the online SNTC Nurse Case Management Course within 12 months of employment.

*Contact the TB Program with new staff information to receive training plan for all other staff assisting with TB services.*
AR Revisions Cont.

➢ For Billing and Coding Procedures added the following:

“LHDs are not required to provide TB screening and testing services for individuals seeking occupational health or post-secondary education admittance.

At the discretion of LHD, these services may be provided by contractual agreement for individual healthcare facilities or establishing fixed-full rates for those individuals seeking these services.”

➢ Insertion of ICD-10 Codes for Tuberculosis Guide Sheet (4 pages).
AR Revisions Cont.

• Language added to establish requirement of LTBI education to certain populations and proscribed time intervals.
• Language added to require education of patient about LTBI diagnosis and referral to community provider for treatment.
• LHD is not responsible for providing therapy to every LTBI patient, but they should coordinate with community health providers to ensure that adequate therapy is prescribed. This lessens the burden on the LHD and aligns with Public Health transformation goals.
AR Revisions Cont.

- Added list of LTBI diagnosed patients for which the LHD is responsible for providing therapy.
- Added definition of individual at “high-risk” for progressing to active disease
  - High risk groups are listed in the CSG/TB Section
Clinical Service Guide (CSG) Revisions

- Added clear delineation of sections for the following:
  1. Case Management
  2. Active TB Disease
  3. Latent TB Infection
  4. Contact Investigation
  5. Blood Assays (IGRA)
  6. Immigrants and Refugees
New Section - TB Nursing Case Management

Provides clarity for initial steps to take when LHD is notified of suspected or confirmed active TB case:

- For Non-hospitalized patients
- For Hospitalized patients
**Forms listing**: Provides an overview of all TB forms required for patient medical records and nursing case management

<table>
<thead>
<tr>
<th>Form</th>
<th>Suspected or Active TB Disease</th>
<th>Latent TB Infection (LTBI)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB-1 Infection Reporting Form</td>
<td></td>
<td>✓</td>
<td>Submit twice to the state TB program upon a.) Initiation and b.) Completion of therapy</td>
</tr>
<tr>
<td>TB-2 Contact Investigation</td>
<td>✓</td>
<td></td>
<td>TB-2a is Contact Roster instructions TB-2b is Contact Investigation Summary</td>
</tr>
<tr>
<td>TB-3 Report of TB Screening</td>
<td>✓</td>
<td></td>
<td>Patient may submit form to work or school</td>
</tr>
<tr>
<td>TB-4 TB Risk Assessment Form</td>
<td>✓</td>
<td>✓</td>
<td>TB-4b additional instructions</td>
</tr>
<tr>
<td>TB-5 Candidates for LTBI Treatment</td>
<td>✓</td>
<td>✓</td>
<td>For clinical reference only</td>
</tr>
<tr>
<td>TB-14 KY Vdot packet</td>
<td></td>
<td></td>
<td>Guidelines and consent forms</td>
</tr>
<tr>
<td>TB-16 Case Management</td>
<td></td>
<td></td>
<td>TB-16a Guidelines for NCM TB-16b Clinical Pathway Checklist</td>
</tr>
<tr>
<td>TB-17 DOT Record Initial, Continuation</td>
<td>✓</td>
<td>✓</td>
<td>TB-17a DOT record initial TB-17b DOT record continuation TB-17c DOT Tracking (missed doses)</td>
</tr>
<tr>
<td>TB-17d Clinic DOPT Record Continuation</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
Medication Shortages

National Shortages for **Rifampin** (RIF) and **Rifapentine** (RPT)

➢ Alternative LTBI Treatment Regimens
  • Preferable to use INH 9 mos
  • Reserve RIF for active TB Cases
  • Reserve INH/RPT (12 weeks) only for high risk populations
New Treatment Regimen

- *New treatment regimen* for drug-susceptible TB
  - “Study 31” (INH/RPT/PZA/MOXI) = 4 months daily treatment

- On hold due to RPT shortages
- Will not be recommended in the CSG until further outcomes shared by high-incident TB states
Important TB Nurse Case Management (NCM) Reminders

**Urgent notifications to contact the TB Program** (phone or email)

1. Report new suspect or case (MUST report w/i one business day)
2. Requests for PCR/GeneXpert testing at DLS (MUST receive prior TB Program approval)
3. Patient has HIV prior or new positive status
4. Changes to treatment regimen
Important TB Nurse Case Management (NCM) Reminders Cont.

5. Patient noncompliance (i.e. break in isolation, missed doses, etc.)

6. Patient travel

7. Medication shortfalls (i.e. delayed initiation, delayed sputum or culture conversion, failure to respond to therapy, etc.)

   *Consult with the TB Program prior to restarting any medication regimens (includes LTBI)*!

8. Testing requests to reference labs (i.e. Florida, Washington, Denver, etc.)

   *To avoid patient or LHD billing...All specimens must first be submitted to the KY state lab (DLS) and the transfer of specimens MUST be coordinated by them!*
LHD After Hours Contact

➢ If your LHD is closed on Friday afternoons, please send the TB Program an emergency contact number!

➢ Most new TB suspects or cases are reported on Fridays. Patient’s MUST be contacted and placed in isolation until infectiousness is ruled out.

Prevents further transmission!
Sputum Collection and Shipping/Handling

➢ Use new FedEx test kits available through the KY state lab (DLS)
   Requisition form for ordering kits and for sputum collection and handling instructions go to https://chfs.ky.gov/agencies/dph/dls/Pages/default.aspx

➢ Shipping via FedEx - Place box(es) inside UN3373 Pak and place FedEx label on outer Pak.

Avoid shipping via US Postal Service-numerous delays!
“Think TB”

➢ Enhance community education to local private and hospital providers (i.e. Infectious Disease, Pulmonology, Emergency Dept, etc.) to “Think TB” and rule out prior to starting medications (includes LTBI meds).

➢ Pulmonary TB **MUST** be ruled out for all Extra-Pulmonary TB cases!
Staffing Changes

Local Health Departments

Notify TB Program immediately to register for trainings

State TB Program

➢ For Program Administration, Budget and TB NURSE CASE MANAGEMENT
  contact: EmilyA.Anderson@ky.gov or 502-229-3166

➢ For TB Surveillance (i.e. NEDSS, ARPE, IJN) contact: Gayle.Labreche@ky.gov

➢ For Training and Education contact: Michelle.Stephens@ky.gov
Thank you!

Contact: EmilyA.Anderson@ky.gov or 502-229-3166