



The DOT: Discussions on Tuberculosis

The Kentucky Tuberculosis Prevention and Control Program's Newsletter

Summer Edition | June 2021

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SUBMISSIONS

If you would like to suggest a topic or submit an event, article, or picture to feature in an upcoming edition of this newsletter, please email Charlie Rhea at: charles.rhea@ky.gov.

Find the Super "T" Bug

The Super "T" Bug is the official mascot of the Kentucky TB Program, and he's hidden within this newsletter! (Not including the image below, or on the "Contact Us" page [p.12]). Once you've found him, email Charlie Rhea (charles.rhea@ky.gov) with the Super "T" Bug's location. If you have the correct answer, you will be entered into a drawing for a prize. One winner per newsletter will be selected and awarded the prize.



Controller's Message

Spring brings growth and new opportunities! In this issue, we are excited to share news of how our state program has grown this spring with new initiatives and staffing.



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



Nurse Consultant Column

Ask the Nurse Consultant: Interpreting the QFT-Gold Plus Test Results

Background: The Quantiferon Gold Plus (QFT-Plus) is a laboratory test that examines if a patient is infected with *M. tuberculosis* (TB). A unique aspect to this test is that it evaluates the patient’s CD4 cells (the immune system’s “helper cells”) and CD8 (the immune system’s “killer cells”) response after TB antigen exposure to determine if a patient’s infection is recent or old. See table below for interpretation of QFT-Plus results:

Interpretation of QFT-Plus results					
Nil	TB1 minus Nil (IU/ml)	TB2 minus Nil (IU/ml)	Mitogen minus Nil (IU/ml)	QFT-Plus result	Report/Interpretation
< 8.0	≥0.35 and ≥25% of Nil	Any	Any	Positive	M. tuberculosis infection likely
	Any	<0.35 or ≥0.35 and <25% of Nil			
	<0.35 OR ≥0.35 and <25% of Nil		≥0.5	Negative	M. tuberculosis infection NOT likely
			<0.5	Indeterminate	Likelihood of M. tuberculosis infection cannot be determined
≥8.0	Any				

Question from the Field: “Given that the QFT-Plus not only informs us if a patient is infected with TB, but also whether or not that infection is recent or old, how can these results be used and interpreted within the context of a contact investigation (CI)?”

Answer from the Nurse Consultant: The QFT-Plus can assist in a CI as it can be used to identify a contact that has been newly exposed to TB. Prior to the QFT-Plus, we were only able to detect a “positive” or “negative” result without knowing if the response result was recent or old. In the QFT-Plus, the TB-1 simply looks for a “positive” or “negative” result, while the TB-2 indicates if a positive result is due to a recent exposure to an individual with active TB disease. This TB-2 result can assist you in identifying newly exposed TB contacts within a CI, versus those who have been exposed in the past to an unrelated case.

Remember that any positive result should be followed-up with a clinical evaluation in order to rule out active TB disease. Once active TB disease has been ruled out, consider latent TB infection treatment.

Sources:

- <https://chfs.ky.gov/agencies/dph/dehp/idb/Documents/902KAR2020sum.pdf>
- <http://ph.lacounty.gov/tb/docs/QFT%20FAQ.pdf>
- http://www.quantiferon.com/wp-content/uploads/2017/04/English_QFTPlus_ELISA_R04_022016.pdf
- <https://education.questdiagnostics.com/faq/FAQ204>
- http://www.quantiferon.com/wp-content/uploads/2017/10/PROM-11178-001_1107769_BRO-QFT-TB-Gold-Plus-FAQ-HCPS-0717-US.pdf
- <https://www.quantiferon.com/us/products/quantiferon-tb-gold-plus-us/package-inserts>
- <https://www.cdc.gov/tb/publications/factsheets/testing/IGRA.pdf>

Do you have questions about the QFT-Plus test? Contact:
Maria Lasley, TB Nurse Consultant
Maria.Lasley@ky.gov or
 (502) 564-4276 ext. 4292

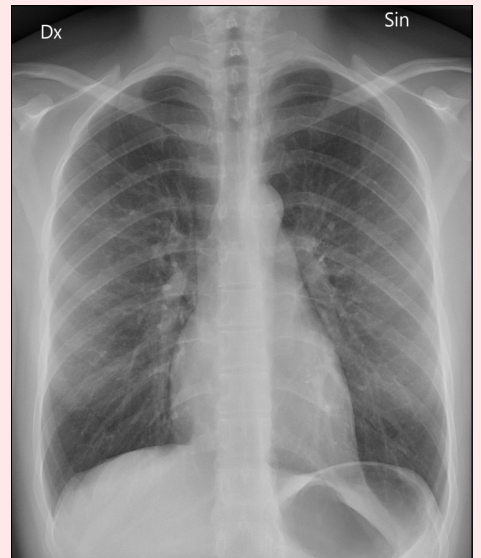
Nurse Consultant Column

Ask the Nurse Consultant: When to Use Chest Films when Evaluating for TB

Question from the Field: *“Is there any situation in which a chest film is able to be used in place of tuberculosis (TB) testing? For example, can just a chest film be used when onboarding new employees into a new healthcare facility? Or can just a chest film be used as the method of screening for healthcare workers annual testing requirements? Or if prior TB testing records cannot be located?”*

Answer from the Nurse Consultant: No, screening through the use of a chest film alone cannot, and should not ever replace TB testing requirements. The guidelines for testing among healthcare workers ([902 KAR 20:205](#)) and within long-term care facilities ([902 KAR 20:200](#)) state that screening for active TB disease should be conducted by either placing a tuberculin skin test (TST) or drawing a Blood Assay for *Mycobacterium Tuberculosis* (BAMT) (i.e. Quantiferon or TSPOT). Simply obtaining a chest film cannot replace testing requirements through a TST or BMAT.

In the event that old records cannot be located, TB testing must be performed. The chest film, as per guidelines from the Centers for Disease Control and Prevention, should be completed only as a follow-up if an individual’s TB test is interpreted as reactive or positive in order to assist in ruling out active TB disease in conjunction with their clinical evaluation. A chest film should also be completed as a follow-up in a the risk assessment for someone who is a past previous positive and reports new environmental or social risks, or signs and symptoms are indicative of active TB disease.



Remember!

When testing *anyone* for tuberculosis, a risk assessment should be conducted in addition to the test itself.



If you have further questions related to this topic please do not hesitate to contact Maria Lasley, TB Nurse Consultant for the Kentucky TB Program.

Maria Lasley, RN, BSN, MA, MBA
TB Nurse Consultant
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Epidemiology Editorial

A Preview of Kentucky's 2020 Preliminary Tuberculosis Case Data

Despite navigating an unprecedented global pandemic, Kentucky's tuberculosis (TB) rates were in line for what would be expected based on recent trends. In 2020, Kentucky counted 67 confirmed cases of TB¹, 199 "suspected", but never confirmed cases of TB, and 397 reported cases of latent TB infection².

At 67 confirmed cases of TB, Kentucky's estimated incidence rate is 1.5 cases per 100,000 population.³ This case count and incidence rate are within the range that we would expect when looking at data from the most recent 10-year period (2011-2020). During this time period, the average case count is 70 per year, with an average incidence rate of 1.5 per 100,000. Figure 1 shows Kentucky's confirmed TB case count and incidence rate by year between 2011-2020. Here, an all-time state low can be seen in 2013 with 59 confirmed cases for an incidence rate of 1.3 per 100,000, while 2016 saw a 10-year high of 91 confirmed cases for an incidence rate of 2.1 per 100,000.

Looking at the geographic distribution of cases, Figure 2 shows the number of confirmed cases of TB by county, while Figure 3 shows the breakdown of confirmed cases and "suspected", but never confirmed cases of TB by county. As is typically seen in Kentucky, these cases are asymmetrically distributed across the

state with concentrations of cases seen in counties with large cities and populations and more diverse populations. These areas include Jefferson County, Fayette County, Warren County, Hardin County, Daviess County, and the Northern Kentucky District—specifically Boone, Kenton, and Campbell counties. Asymmetric distribution of TB cases is a trend seen throughout most of the United States, even at a national level as states that have larger populations, or sprawling cities with diverse populations will have a higher burden of active TB cases and TB "suspects".

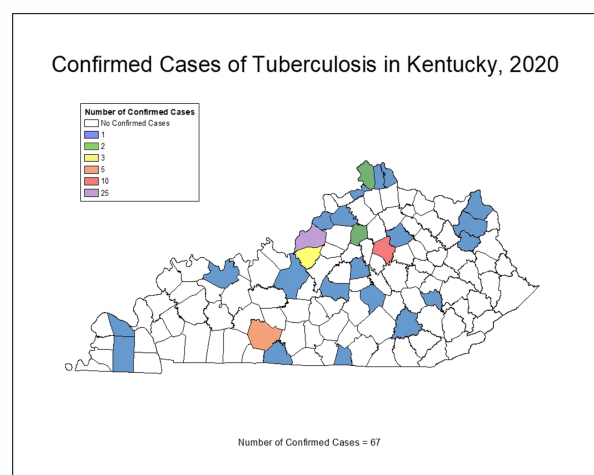
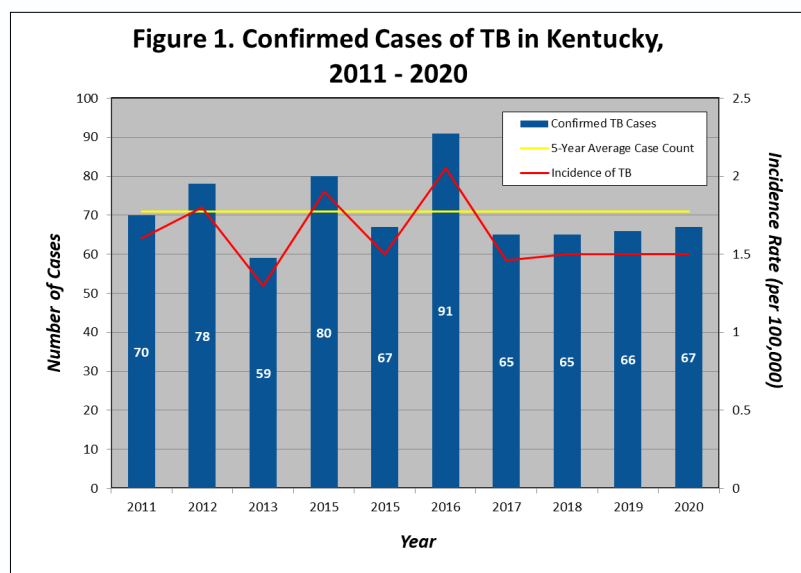
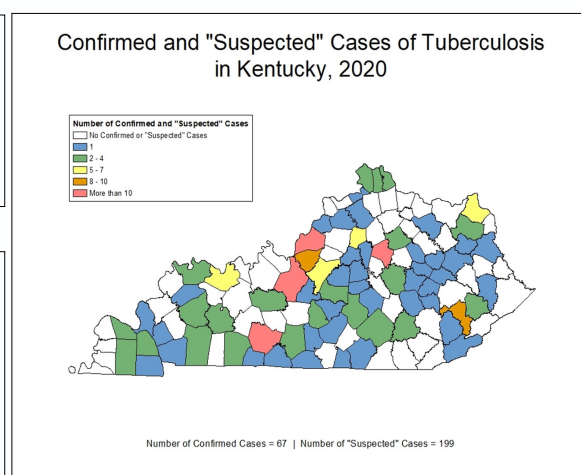


Figure 2. (Left) This map shows the number of confirmed cases of TB in each Kentucky county.

Figure 3. (Right) This map shows the number of confirmed and "suspected" cases of TB in each Kentucky county.



Epidemiology Editorial

When evaluating descriptive statistics from Kentucky's 2020 TB case data, Figure 4 shows the proportion TB cases by age group, the greatest of which is those who are 35-54 years of age (30%). 2020 cases had an age range of 1-102 years, an average age of 44.9 years, and a median age of 45 years. Figure 5 shows the incidence rate of TB cases by race/ethnicity. Although the highest proportion of cases identified as non-Hispanic white, non-Hispanic Asians see the highest incidence rate (22.4 per 100,000), followed by those who identify as non-Hispanic and two races (14.6 per 100,000), then those who identify as Hispanic only (5.3 per 100,000). Next, Figure 6 breaks down the proportion of co-morbidities of interest to TB. Diabetes Mellitus and SARS-CoV-2 (COVID-19) were highest (13%), with COPD and HIV following at (11% and 7.5% respectively). Finally, Figure 7 shows risk factors of interest to TB and show the most common are being non-U.S. born (52%), being a known contact to an active case (22%), substance abuse⁴ (8%), tobacco abuse (6%), and incomplete LTBI therapy (6%).

We hope this preliminary data summary and analysis is of interest and useful to your program. Note that all annual TB data is not finalized for two years. Stay turned for more upcoming statewide and local data reports and analysis result from our 2020 TB case data coming soon.

Figure 4. (Right) TB Age Groups by proportion, percentages based on total (n=67)

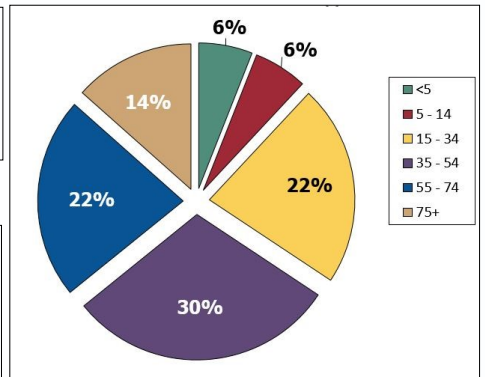


Figure 5. (Below) TB Incidence rates (per 100,000 population) by race/ethnicity.

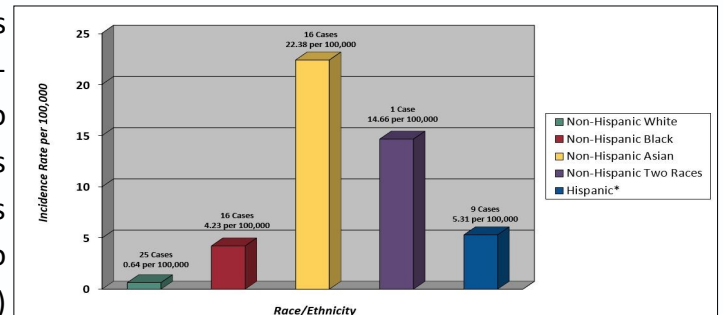


Figure 6. (Below) Proportion of TB cases reporting co-morbidities of interest.

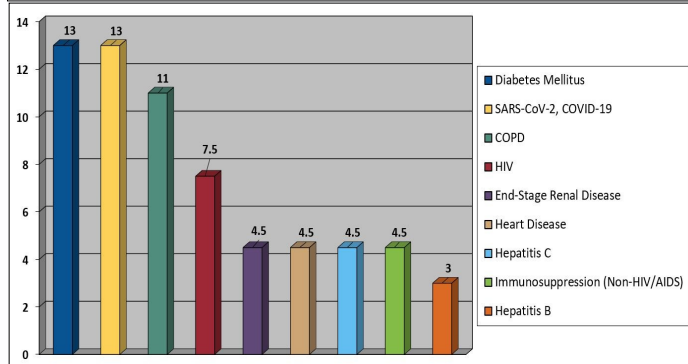
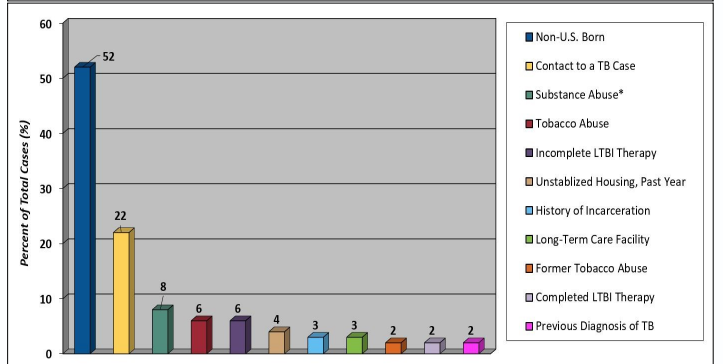


Figure 7. (Below) Proportion of TB cases reporting risk factors of interest.



1. Per 2009 CSTE case definition Tuberculosis (TB)—<https://www.cdc.gov/nndss/conditions/tuberculosis/case-definition/2009/>
 2. Per 2018 CSTE case definition for Latent TB Infection—<https://www.cdc.gov/nndss/conditions/latent/case-definition/2018/>
 3. 2019 Kentucky state population used to calculate the estimated incidence rate as 2020 population estimates are not currently available.
 4. *Substance Abuse" is defined as a case using injection or non-injection drugs, or using alcohol excessively within the previous year.

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The Laboratory Report

Friendly Reminders from the Tuberculosis Lab at the Division of Laboratory Services


The Division of Laboratory Services (DLS) Tuberculosis (TB) lab wanted to send everyone some friendly reminders regarding sputum collection, handling, and shipping, and online test ordering within the Outreach system. See the Collection and Packaging of Sputum Specimens flyer (below), or [click here](#) to view on the DLS website, for a detailed step-by-step process of sputum collection and submission to DLS.

DLS would like to draw your attention to a few key reminders:


- Please ensure that there are **two (2) patient identifiers** on all sputum collection tubes.
- Ensure that sputum collection tube **caps are on straight and tight to prevent leakage** within the package. *This could make the specimen unsalvageable once it arrives at DLS, delaying diagnostic testing for your patient.*
- Be sure to ship all specimens as soon as possible, **do not wait and batch ship** multiple specimens together.

Please use Outreach for order requisitions on all laboratory tests. If you need access to the Outreach system, please contact Rachel Zinner (at Rachel.Zinner@ky.gov)


Collection and Packaging of Sputum Specimens



Supplies Needed for Sputum Collection





Sputum Tube
Speci-Gard Bag
Outer UN3373 Box



1) Make sure two identifiers are on the specimen label.
2) Fill out Outreach form completely. Write the collection date on the Outreach form.



When You First Get Up; Before You Eat Anything!

- 1) Remove cap, and be careful not to place your mouth on the rim of the sputum tube.
- 2) Take three good, deep breaths.
- 3) Cough deeply enough to bring up secretions (NOT saliva) from your chest.
- 4) Spit secretions into tube up to 5 ml. (1 tsp.).
- 5) Place the cap straight and tight on the sputum tube (Do not place in a crooked position).




Packaging and Shipping

- 1) Place sputum tube into bag with absorbent and remove plastic strip to expose adhesive. Seal bag together by pressing adhesive to bag.
- 2) Place bag with sputum tube inside of UN3373 box.
- 3) Place Outreach form on top of specimen bag.
- 3) The specimen must be mailed to the state laboratory or taken to the local health department on the day of collection. Sputum that cannot be mailed or taken to the health department on the day of collection must be refrigerated (NOT frozen).



Shipping by US Postal Service - label is provided on box.
Shipping via FedEx - Place box(es) inside UN3373 Pak and place FedEx label on outer Pak.



Refer to 49CFR 173.199 for current regulations on packaging and shipping of Category B infectious substances
Note: Orange cap primary container meets the 95kPa specification - Do not put blue cap tube from canister kit in this kit.

KY Division of Laboratory Services (502)564-4446 11/2019

Result Retrieval [KSLCRTB]

Days back: Search criteria: Ordered:

Use Groups New

		Name	Req Num	Case	Collection Date	ReceivedDate	Patient#	DOB	SSN	Submitter
<input type="checkbox"/>	PENDING	History								

Select All

The Laboratory Report



Coming Soon!

This spring, the Division of Laboratory Services (DLS) will begin performing identification of mycobacterial isolates using the MALDI-TOF MS new Bruker Biotyper system (*see picture left*). This system's assay will be able to be performed faster and more cost effective than the current methods of mycobacterial isolate identification. The DLS TB laboratory is excited about this addition and implementing this new technology as it will:

- Improve mycobacterial isolate identification turnaround time.
- Contribute to improved individual patient care and treatment plans.
- Enhancing TB control activates.

With the ability to quickly identify these isolates, drug susceptibility testing and genotyping can be expedited, which benefits case management efforts.

If you have any questions for the TB lab, please contact:

Katelyn Cox, Laboratory Scientist II

(502) 782-7205 | Katelyn.Cox@ky.gov

Melissa Peterson, Laboratory Scientist II

(502) 782-7739 | MelissaH.Peterson@ky.gov

Rhonda Lucas, Bacteriology Supervisor

(502) 782-7731 | Rhonda.Lucas@ky.gov

Rachel Zinner, Microbiology Branch Manager

(502) 782-7754 | Rachel.Zinner@ky.gov

Welcome New Staff to the TB Program

Kentucky TB Program Welcomes New Nursing Staff

The Kentucky TB Program is thrilled to welcome two new staff members to our state program. These two nurses bring a wealth of time and experience to our program, and we wanted to take an opportunity to introduce them:

Michelle Stephens, RN—TB Education and Outreach Nurse



Michelle has been a registered nurse since 2011 and has previous experiences within Stoke ICU and Neurosurgery ICU at the University of Kentucky and bedside ICU at Frankfort Regional Medical Center. Most recently, she transitioned into public health in May of 2020 with the Immunization Branch at the Kentucky Department for Public Health as the Adult Immunization Coordinator. Through her work with the Immunization Branch during the COVID-19 response, she has seen first hand the importance of the public health system and is looking forward to continuing her work within the TB program. Michelle is also a life-long Anderson County resident where she lives with her husband, Chris, and her children, Seth and Paige. She also enjoys travelling, biking, gardening, and tending to their family's many animals.

Timothy Kreimer, MSN, MBA, RN-CEN—TB Nurse Consultant

Tim is currently a Nurse Education Specialist with St. Elizabeth's Physicians. In this position, he works with various teams including: Population Health, Virtual Health, Ambulatory Pharmacy, and the value-based incentive team. While Tim is new to KDPH, he is not new to TB as he previously worked as the TB Coordinator with the Northern Kentucky Independent District Health Department. Now, as a part-time TB Nurse Consultant with the Kentucky TB Program, he will be primarily working on training and educational efforts, specifically focusing on the new virtual Nurse Case Management Cohort program for new local health department TB staff. Tim enjoys public health as it provides a way for him to serve his community. He is a Boone County resident where he lives with his wife, Cathy, and two children, Blake and Anna.



2021 Super “T” Award

The Kentucky Tuberculosis Program’s Super “T” Award is presented annually and recognizes an individual who makes a significant contribution toward improving public health through their work in TB prevention and control. This award is intended to highlight a local health department TB staff member who has done exemplary work and gone above and beyond to support efforts to combat TB.

The Kentucky Tuberculosis Program is proud and honored to award to 2021 Super “T” Award to:



Laura Collins, RN

TB Coordinator, Lexington-Fayette County Health Department

Laura has served as the Lexington-Fayette County Health Department’s TB Coordinator for 8 years. She was nominated by her co-workers and peers throughout the state of Kentucky. Congratulations to Laura and thank you for all you do!

Previous Super “T” Awards Recipients:

- 2020 = **Susan Delph**
Louisville-Metro Dept. for Public Health & Wellness
- 2019 = **Anita Johnson**
Franklin County Health Department
- 2018 = **Kathy Gifford**
Graves County Health Department
- 2017 = **Wendy Keown**
Lincoln Trail District Health Department



Reportable Disease Regulation Update

Kentucky's infectious disease reporting regulation—[902 KAR 2:020 Reportable Disease Surveillance](#)—was recently updated and approved earlier this year. The update impacted several infectious disease programs in Kentucky, including tuberculosis (TB). Our program was able to add a new section to the regulation, **902 KAR 2:020, Section 4. Laboratory Testing and Submission of Specimens to the Division of Laboratory Services (DLS) for the Identification of *M. tuberculosis***. This section was added to assure:

1. Any lab must conduct a smear and initiate testing for culture on all specimens regardless of rapid molecular testing (i.e. GeneXpert or PCR) results.
2. Details when to perform rapid molecular testing:
 - When any diagnostics specimen has a positive AFB smear result, or
 - On any specimen that originates from an individual with clinical or epidemiological evidence suggesting active tuberculosis.
3. Details what to do when rapid molecular testing cannot be performed:
 - The diagnostics specimen shall be sent to DLS.
4. Details on when to send the remainder of a specimen to the DLS:
 - Whenever a medical or national reference laboratory has a diagnostics specimen test positive for TB by rapid molecular testing, the remainder of that specimen should be sent to DLS.
5. Specimens found to be positive for *M. tuberculosis* by rapid molecular testing or culture testing shall be reported within one (1) business day to the local health department where the patient resides, or the Kentucky TB Program.

902 KAR 2:020. Reportable disease surveillance.

RELATES TO: KRS 211.180(1), 214.010, 214.645, 215.520, 216B.015, 258.065, 258.990, 311.282, 311.571, 315.010, 333.020, 333.130
STATUTORY AUTHORITY: KRS 194A.050, 211.099(3), 211.180(1)(a), 214.010
NECESSITY, FUNCTION, AND CONFORMITY: KRS 211.180(1)(a) requires the cabinet to implement a statewide program for the detection, prevention, and control of communicable diseases, chronic and degenerative diseases, dental diseases and abnormalities, occupational diseases and health hazards peculiar to industry, home accidents and health hazards, animal diseases that are transmissible to man, and other diseases and health hazards that can be controlled. KRS 214.010 requires every physician, advanced practice registered nurse, and every head of family to notify the local health department of the existence of diseases and conditions designated by administrative regulation of the cabinet. This administrative regulation establishes notification standards and specifies the diseases requiring immediate, urgent, priority, routine, or general notification, in order to facilitate rapid public health action to control diseases and to permit an accurate assessment of the health status of the Commonwealth.

Section 1. Definitions. (1) "Acid fast bacilli" or "AFB" means the mycobacteria that, if stained, retains color even after having been washed in an acid solution and can be detected under a microscope in a stained smear.
(2) "Health facility" is defined by KRS 216B.015(13).
(3) "Health professional" means a professional licensed under KRS Chapters 311 through 314.
(4) "Healthcare-associated infection" or "HAI" means an infection acquired by a person while receiving treatment for a separate condition in a health care setting.
(5) "Kentucky Public Health Advisory" means a notification to health professionals, health facilities, and laboratories subject to this administrative regulation identifying a new health threat that warrants reporting through the procedures of this administrative regulation.
(6) "Laboratory-confirmed influenza" means influenza diagnosed through testing performed using:
(a) Reverse transcriptase polymerase chain reaction (RT-PCR);
(b) Nucleic acid detection; or
(c) Viral culture.
(7) "Medical laboratory" is defined by KRS 333.020(3).
(8) "National Healthcare Safety Network" or "NHSN" means the nation's most widely used healthcare-associated infection (HAI) tracking system as provided to medical facilities by the CDC.
(9) "National reference laboratory" means a laboratory located outside of Kentucky that is contracted by a Kentucky health professional, laboratory, or health facility to provide laboratory testing.
(10) "Novel influenza A virus" means an influenza virus that causes human infection but is different from the seasonal human influenza A virus subtypes and includes viruses predominantly of avian and swine origin.
(11) "Nucleic acid amplification test" or "NAAT" means the laboratory test used to target and amplify a single deoxyribonucleic acid (DNA) or ribonucleic acid (RNA) sequence, usually for detecting a microorganism.
(12) "Outbreak" means:
(a) Two (2) or more cases, including HAIs, that are epidemiologically linked or connected by person, place, or time; or

Legislative Research Commission PDF Version Page 1

Please feel free to reach out our program if you have any questions regarding the TB-related updates to this regulation.

Did you know that the Kentucky TB Program has a regulations webpage?

We do! [Click here](#) for our TB Regulation Webpage.

Listed on this link is information on the following:

TB Testing Toolkits for long-term care facilities and healthcare workers, and to regulations regarding TB prevention, control, and reporting regulations.

World TB Day 2021

Each year, March 24th is recognized as World TB Day in commemoration of the date in 1882 when Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacillus that causes tuberculosis (TB). Although World TB Day 2021 occurred during the continuing efforts of the COVID-19 response, our program still promoted awareness by sharing an informational flyer that was submitted to our public health and healthcare partners in order to share some of the new educational and promotional resources.


If you have not already had an opportunity to look at the World TB Day resources available through our partners, it's not too late! Although World TB Day has already past, use of promotional information and educational materials is encouraged throughout the year.

[Click here](#) to view resources from the **Stop TB Partnership**, and [click here](#) for resources from the **Centers for Disease Control and Prevention**.

Remember—#TheClockIsTicking to #EndTB!



WORLD TB DAY

MARCH 24, 2021




Each year, we recognize World TB Day on March 24. This annual event commemorates the date in 1882 when Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacillus that causes tuberculosis (TB).


World TB day is a day to educate the public about the impact of TB around the world. The Centers for Disease Control and Prevention, along with our partners and colleagues around the world, share successes in TB prevention and control and raise awareness of the challenges that hinder our progress toward the elimination of this devastating disease.



This year, the [Stop TB Partnership](#) has selected "The Clock is Ticking" at the 2021 World TB Day theme. If we want to end TB by 2030, #TheClockIsTicking to reach the [TB Targets for 2022](#).

If your local health department would like to participate via social media use the hashtags:
#TheClockIsTicking | #EndTB | #WorldTBDay

 @CDCTB
@StopTBPPartnership

 @CDC_TB
@StopTB

Please [click here](#) for the Stop TB Partnership's World TB Day 2021 social media campaign resources—including graphics, videos, photo filters, and more!

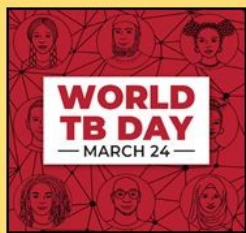
TB AND COVID-19

#ItsTimetoEndTB

Tuberculosis (TB) is the world's biggest killer among infectious disease, claiming more than 4,000 lives each day. The unprecedented COVID-19 pandemic is seriously impacting people with pre-existing health conditions. People who have had TB are usually more vulnerable to other infections, including the novel coronavirus due to lung damage. They are also at higher risk of developing complications from COVID-19. [Click here](#) for information from the Stop TB Partnership on TB and COVID-19.

Additional World TB Day Resources

Please [click here](#) for additional resources for World TB Day from the Centers for Disease Control and Prevention. These digital resources may be helpful in planning activities to inform and educate your local partners about TB-related problems and solutions and the importance of supporting worldwide TB control efforts.





Kentucky Tuberculosis Program Staff and Contacts:

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Maria Lasley, RN, BSN, MA, MBA
TB Nurse Consultant
Maria.Lasley@ky.gov

Charles H. Rhea, MPH
TB Epidemiologist I
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A Heartfelt Goodbye to our TB Champions

Dr. Kraig Humbaugh, Director Lexington-Fayette Co. Health Dept.

In December 2020, Dr. Kraig Humbaugh announced he is leaving position as Director of the Lexington-Fayette County Health Department (LFCHD) this June. In his former roles as the Kentucky Department for Public Health Commissioner and the Director for the Division of Epidemiology and Health Planning, Dr. Humbaugh has long remained a champion for TB prevention and control initiatives. Despite his current busy schedule, he still participates in our monthly TB case conference meetings with the LFCHD TB clinic team. We will miss his *infectious* laugh and wish him the best of luck as he begins this well-deserved new adventure.



Farewell
and
Good Luck



A Heartfelt Goodbye to our TB Champions

Maria Lasley, TB Nurse Consultant

Goodbyes are always hard, and this one is especially hard for our program.

After 13 years, we are saying “so-long and good luck” to our dear co-worker, Maria Lasley, as she soon relocates to sunny Florida this autumn. Her knowledge and dedication as the Kentucky TB Program’s Nurse Consultant has not only helped shape our program standards and protocols, but has also assisted in creating our nationally recognized reputation for program excellence when she won the national **Carol Pozsik Award** for “TB Nurse of the Year” in 2013.

We will miss her dearly; however, we are happy to send her to Florida with well wishes of continued success as she “*blooms*” in her new home. (She is known for her exceptional “green thumb” and spectacular backyard oasis!)





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.*

June 9th—July 23rd, 2021

National TB Controller’s Association Conference —*Virtual*

NTCA is pleased to hold their annual conference online this June 2021. Note that continuing education (CE) opportunities through the University of New Mexico School of Medicine, Office for Professional Continuous Learning, and the Eastern New Mexico School of Nursing.

July 22nd, 2021

Kentucky’s TB Program Update —*Virtual*

(Previously known as Update for Physicians and Clinicians)

Plan to join the Kentucky TB Program and SNTC as they present a virtual update on TB for all healthcare members who provide TB services.

See the following pages for additional education opportunities and resources:

- Nurse Case Management Course for New Local Health Dept. TB Staff P. 15
- Find TB Resources P. 16
- Patient Fact Sheet Series—Translated TB Information P. 16
- A Clinician's Guide to the TB Laboratory P. 17
- Cultural Competency and Tuberculosis Control—Country Guides P. 17

For education and training questions, please contact

Michelle Stephens—TB Education and Outreach Nurse

Michelle.Stephens@ky.gov or

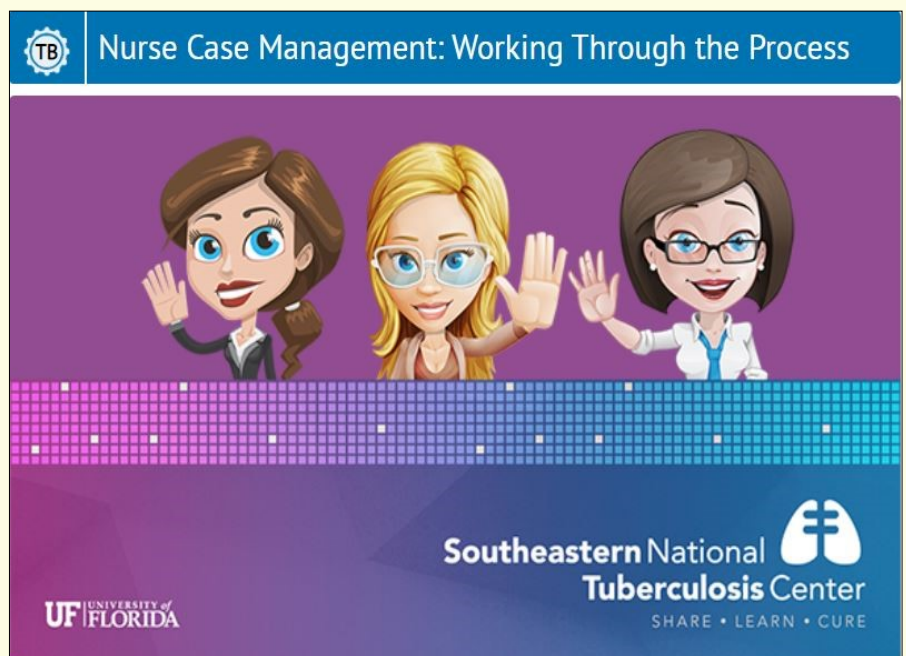
(502) 564-4276 ext. 4294

Nurse Case Management Training

Training Updates: Nurse Case Management Course for New Local Health Department TB Staff

This time last year, Kentucky was beginning to respond to the COVID-19 pandemic. As the response continued, more local and state public health staff were being pulled from their regular job duties to assist in the response. This led to the postponement of programs, trainings, meetings, and other efforts scheduled for 2020. For the Kentucky TB Program, this meant the postponement of the biannual TB 101 orientation trainings. However, as we begin to assimilate back into our regular duties, we are proud to announce the reinstatement of our new virtual orientation training, “**TB Nurse Case Manager Orientation Cohort**”.

The **TB Nurse Case Manager Orientation Cohort** is self-paced course that replaces both the traditional two-day classroom training and the six month follow-up online training. This six-module interactive training course will provide learners with a comprehensive overview of TB nurse case management, surveillance, and reporting. Participants will be assigned to and work with a personal coach, who will be available virtually or live to provide assistance and answer questions along the way. By the end of this course, participants will gather the resources, skills, and knowledge's needed to conduct practical TB case management duties tailored to her/his specific area.



At the conclusion of this course, you will receive a certificate of completion and be awarded **40+ nursing CEs**. But, most importantly, you will receive valuable information not only to provide successful TB nurse case management, but also have successful patient outcomes!



Are you ready to sign up and/or would like more details on our new training?

Please reach out to:

Michelle Stephens—TB Education and Outreach Nurse

Michelle.Stephens@ky.gov or

(502) 564-4276 ext. 4294

Home > Search Materials

Home Search Materials Submit Materials Adapting Materials Research Tools Additional Resources Contact Us

Keyword:
 (e.g., "skin testing procedures")

Title:
 (e.g., "TB treatment")

Author:
 (e.g., "National Institutes of Health")

Publisher:
 (e.g., "U.S. Committee for Refugees")

Search Clear Fields

Additional Search Options

Search Tips

Use additional search criteria to narrow your search.

Enclose the words in quotations to search for a specific phrase.

Remove punctuation from search terms.

[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.

ተደብቆ ስለሚቆይ ሳምባንቀርሳ (TB) ኢ.ፌ.ክ.ሸን መድሀኒት ሊያውቁት የሚያስፈልግ ነገር

ISONIAZID

ተደብቆ የሚቆይ TB ኢንፍክሽንን ለመቆየት ይህንን መድሀኒት ተስተካክሎ ለመውሰድ ስለገባችሁ ለሌሎች ለመደላጀት ለሌሎች ለመደላጀት ስለገባችሁ ይህ መድሀኒት ስለገባችሁ ይህ መድሀኒት ስለገባችሁ

ይህንን መድሀኒት በመውሰድ ወቅት፡-

- የሚያስፈልግ ነገር ያለ እንደባን ለዘዘም ወይም ለጠርፎ ያቃወሙ
- ወደ ታዳጅ የዘለክ ጉዞችዎ ይሄዱ
- ምንም እንኳን የልዩል የተሞ የሚያደርጉ እንደባን ለዘዘም ያቃወሙ አልባ የነገሩ ጉዳት እንዲፈጠር ሊያደርግ ይችላል
- ለዘዘም ስለሚፈጠሩ ሌሎች መደላጀቱ ያቃወሙ
- ለልጅ ለዘዘም መደላጀት እየወጣ ያለ ሌላውን የ TB ኢንፍክሽን እንደባን ማስቀመጥን አርግደው ይህንን
- ሁሉንም የ TB መድሀኒትዎን በዘዘም ወይም በጠርፎ እንደተነገሩዎ ይውሰዱ
- አንዳንድ ሰዎች አንዳንድ መድሀኒቶችን ለመውሰድ ስለገባችሁ ሌሎች አንዳንድ ሰዎች ለመውሰድ ስለገባችሁ

መድሀኒትዎን ሲወስዱ እንዳንድ ምክርቶች፡-

- ✓ መድሀኒትዎን በየጊዜው በተመሳሳይ ሰዓት ለይ ይውሰዱ
- ✓ መድሀኒትዎን በየጊዜው በተመሳሳይ ሰዓት ለይ ማስቀመጥ ይቻላል
- ✓ የሌሎች ሰዎች ለመውሰድ እንዳይገቡዎት ይጠይቁ
- ✓ ገልጻቸውን ይጠይቁ
- ✓ በመጠቀም ላይ ወይም ማተካከያ ላይ ማስቀመጥ እንዳይቻል ያደርጉ
- ✓ ቀኑ ላይ ምልክት ያደርጉ ወይንም የተጠቀሙትን ያቃወሙ

የተደብቀው የ TB ኢንፍክሽን መድሀኒት መርዕተኛ
 (አንዳንድዎች ይከለክሉት ለመርዕተኛ ሰዎች እና ለሌሎች ሰዎች ይጠይቁ)

መድሀኒት	መርዕተኛ	ቀን	አላታዩ የሆኑት ቀናት	የጊዜው ርዕደት
Isoniazid	<input type="checkbox"/> አላታዩ	በየጊዜው		9 ወራት
	<input type="checkbox"/> በየጊዜው በሌላ ጊዜ	ስ ማስ ረቡ ሁሉ ኦ ቅዳ ኦ		

ዘዘም ለመድሀኒትዎ ጋር ቆይታዎን ለማስፈጸም ይህንን መድሀኒት ያደርጉ።

ማስታወሻ፡ Isoniazid በየጊዜው በተመሳሳይ ሰዓት ለመውሰድ ያስፈልጋል። ይህንን የሚያደርጉት በተጠቃሚ በሚታይ ሆኖ (DOT) ነው።

መድሀኒት መውሰድ የሚፈቀድ እንደባን፡ ይህ ፊት ቀን የሚሆን እንደባን፡ አንዳንድ ወቅት፡ ወዲያው ይውሰዱት፡ አላቅ ያለፈ እንደባን፡ ያመለጠምን መጠን ያለፉት እና የሚቆይ ሰዎች መርዕተኛ መድሀኒት ይውሰዱ - በአንድ ጊዜ 2 ያዘ አይውሰዱት።

ማስታወሻ

የዘዘም ሰዎች

የዘዘም ሰዎች

የዘዘም ሰዎች

ቆይ

እነዚህን ለፈጠራ የሚችሉ ችግሮች ይመልከቱ፡-

መድሀኒትዎን መደቀም መውሰድዎን ያቃወሙ እና ለ TB ስርዓት ወይም ስርዓት ለመደቀም ምንም እንኳን ችግር የሚያጋጥም እንደባን ያቃወሙ፡-

- ጉዳት ለገባችሁ የሆኑት ሰዎች ወይም ምንም የሆኑት ሰዎች
- የጉዳት ሰዎች ወይም ሰዎች
- ግንኙነት ወይም ግንኙነት
- ግንኙነት ወይም ግንኙነት
- ግንኙነት ወይም ግንኙነት
- ግንኙነት ወይም ግንኙነት
- ግንኙነት ወይም ግንኙነት
- ግንኙነት ወይም ግንኙነት

*** በተጠቃሚ የሚታይ ስርዓት (DOT) ላይ ከሆኑ ሰዎች ጋር በመገናኛት መድሀኒትዎን የሚወስዱ ይሆናል። ይህም እንደባን በተጠቃሚ የሚታይ ስርዓት ይባላል።**

DOT በተለያዩ መንገዶች ሊደረግ ሊያደርግ ይችላል።

- የጠና እንደባን ሰዎች መድሀኒትዎን መውሰድ እንደባን ሰዎች ይሆናል።
- አሌን በተለይ ለሰዎች መድሀኒት ወይም ይሆናል።
- የጠና እንደባን ሰዎች ምንም እንኳን ችግር እንደባን ሰዎች አርግደው ያደርጉልዎ ይህም በመድሀኒት ምንገድ ማለት ነው።

Centers for Disease Control and Prevention Division of Tuberculosis Elimination (TBE) - eTB

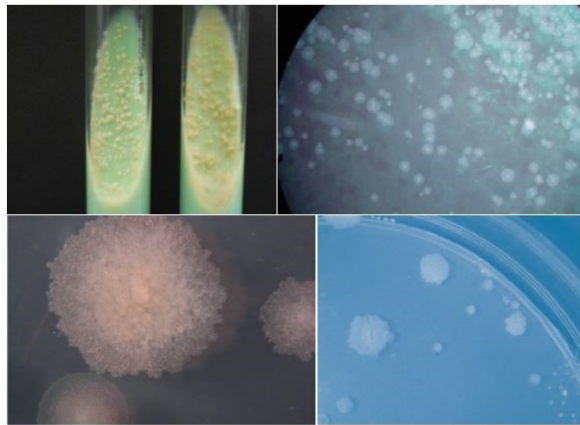
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Published 2017 - Amharic

Translated TB patient fact sheets are now available through the Southeastern National TB Center. Click [here](#) for their online webpage where you can find this product.

Spring 2021

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A Clinician's Guide to the TB Laboratory

HEARTLAND
NATIONAL TB CENTER
A PARTNERSHIP OF UT HEALTH NORTHEAST AND TCE

EXCELLENCE • EXPERTISE • INNOVATION

Click [here](#) for the *Clinician's Guide to the TB Laboratory* resource on the Heartland National TB Center website. This resource provides basic information on the use of public health and clinical laboratories in the diagnosis and monitoring of patients with TB.

Cultural Competency guides are now available through the Southeastern National TB Center. These guides support the provider-foreign-born client relationship by giving country-specific background information, epidemiological data, common misperceptions and beliefs about TB and HIV/AIDS. Click [here](#) for their online webpage where you can find these products.

The Southeastern National Tuberculosis Center (SNTC) in collaboration with the Lung Health Center at the University of Alabama at Birmingham developed this TB-specific cultural competency resource.

Cultural Competency and Tuberculosis Control: Country Specific Guides for Health Professionals Working with Foreign-Born Clients

This guide is comprised of individual country-specific guides (or summaries) for the birth countries most commonly reported by foreign-born cases treated in the United States. Each country guide (or summary) provides epidemiological information for both TB and HIV in each country, nicknames for TB, common misperceptions surrounding the etiology, disease transmission, and cures for TB and HIV as well as the stigma surrounding these diseases. A portion of the guide also provides information regarding polite greetings to use when meeting a person from this country, verbal and non-verbal communication, naming customs, cultural values, and internet links to translated educational materials for your clients. This information will enable you to employ a more culturally relativistic approach to client interviews, TB contact investigations, diagnostic procedures, and patient education and counseling regarding both TB and HIV.

Currently, there are nineteen country guides available – Cambodia, Dominican Republic, Ecuador, Honduras, India, Mexico, The Philippines, Somalia, Vietnam, Brazil, Myanmar, China, Colombia, El Salvador, Guatemala, Haiti, Nicaragua, Peru, and Korea.

Individual copies of each Country Guide, in PDF format, may be downloaded from the SNTC website [at no cost](#).

The SNTC website address is <http://sntc.medicine.ufl.edu/Products.aspx>

CONTACT US

The SNTC is one of four national training and medical consultation centers within the United States, supported by the Centers for Disease Control and Prevention. The SNTC supports the education and training missions of TB programs throughout the southeast region and provides a source of expert medical consultation for healthcare providers caring for TB patients.

Southeastern National TB Center (SNTC)
University of Florida
3339 SW 16th Street, 5th Floor
Gainesville, Florida 32608
1-888-265-SNTC (7683)
(352) 265-7683 – Fax
1-800-4TB-INFO – 24 hour TB Hotline
<http://sntc.medicine.ufl.edu>
sntc@medicine.ufl.edu



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.

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you give the **DRUGS!**