



Indiana
Department
of
Health

TB PREVENTION AND CARE UPDATES

KELLY WHITE, MPH, CPH

DIRECTOR

TB PREVENTION AND CARE

12/14/2023

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

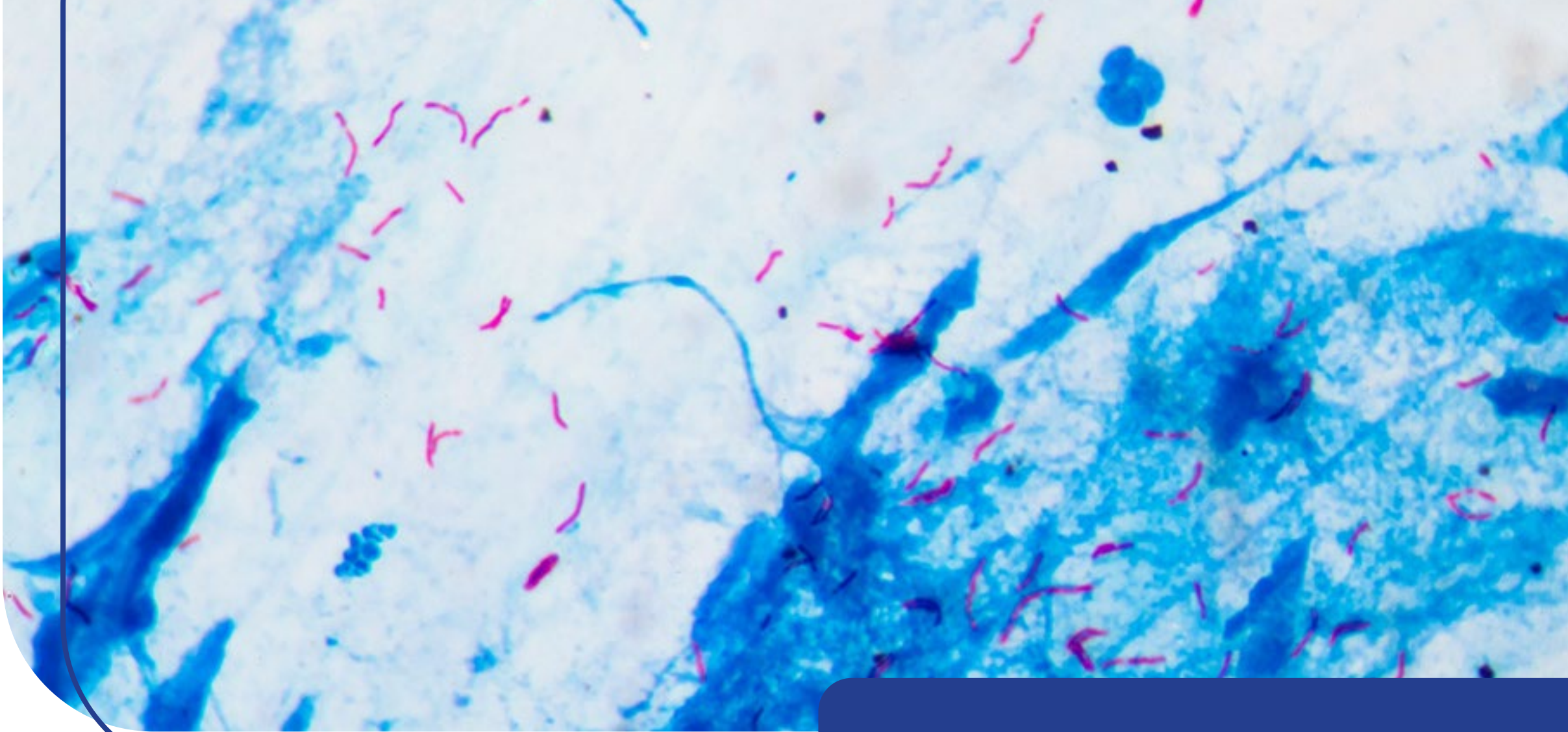
OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Agenda

- Program Updates
- Drug Shortages and Updates
- Health First Indiana
- Education & Training Updates
- 2023 NTCA Conference Highlights



Program Updates



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Staffing Updates

- Welcome Christina Samuels, TB Nurse Lead
- Scovia Kiwanuka is transitioning into the TB Epidemiologist II position
- A new public health administrator will join the team soon
- An updated map with contact information for our team is [located here](#)



Surveillance Update

- Due in part to the implementation of changes to the NBS TB investigation module this year, there has been a temporary change in the way IDOH is following up on missing data and how TB disease case data will be reported to the Centers for Disease Control and Prevention (CDC) as part of year-end reporting
 - Thank you for your patience with this change. We anticipate returning to the standard reporting process for next year-end
- Please prioritize completing missing or unknown variables for TB disease cases as this data is due to CDC at the end of January
- Contact investigation data will need to be completed during Q1 2024 for 2022 & 2023 TB cases for reporting to CDC
- Please reach out to the [epidemiologists/TB Program](#) with any questions

Communicable Disease Reporting

- Updates to the [Indiana Reportable Disease List for Healthcare Providers and Hospitals](#) and the [Indiana Reportable Result/Pathogen List for Laboratories](#)
 - Scheduled to be effective Jan. 1, 2024
 - Minor changes for TB
 - Provider List Change: Tuberculosis disease, reportable upon suspicion
 - Previously was Tuberculosis disease, cases and suspects
 - Lab List Change: *Mycobacterium tuberculosis* complex
 - Previously was *Mycobacterium tuberculosis*

Control Measures

- IDOH is creating a document to house disease-specific control measure information that is found with the Indiana Communicable Disease Rule (IAC 410 1-2.5)
- Control measures for TB and LTBI will be updated
 - Updated references and alignment with current national guidance
 - No major changes to current recommendations from IDOH team
- Anticipated release in early 2024

Uniting For Ukraine

- Funding received from CDC for the Uniting for Ukraine program ended on Sept. 30, 2023
 - Indiana served over 500 newcomers between May 2022 and September 2023
 - The total of all reimbursed services for newcomers was \$11,644*, including \$6,600* in waived IGRA fees by the IDOH TB lab
- Ukrainians and arrivals from other areas are continuing to seek TB screening or other healthcare services at local levels
 - LHDs should continue to partner with community resources to help meet community needs
 - Please reach out to the [IDOH TB Program](#) with any questions

Hoosier Uplands

- IDOH reimburses reasonable incentive and enabler expenses incurred by local health departments through Hoosier Uplands
 - Large requests (i.e. rent, motel, etc.) should be routed through TB regional nurse consultants/TB Program before cost is incurred
- As we are approaching the last two years of this five-year CDC funding cycle, less money will be available in this fund for 2024 and 2025 than has been available in the past few years

TB Technical Instructions & Class B Notifications

- Updates to the Panel Physician and Civil Surgeon TB Technical Instructions are anticipated to be released in January 2024, with an effective date of Oct. 1, 2024
 - Additional information will be shared as it becomes available
- If you have received a Class B Notification form recently, you may notice that the form was slightly revised by CDC earlier this quarter. If you have any questions about these revisions, please reach out to a member of our team.
- During 2024, the TB program plans to:
 - Work on a Class B module for NBS that will aid in improving the Class B reporting process
 - Develop training about this new module and the Class B process in general
 - Add a Class B reference section to the website

Upcoming Holiday Closures

Indiana Department of Health, including [the lab](#)

- Closed on Dec. 25 & 26 and Jan. 1
 - For urgent matters, call the epidemiologist on-call at 317-233-1325

[Purdue Pharmacy](#)

- Last shipment for the year will be Thursday, Dec. 21
 - Cutoff for this shipment is Wednesday, Dec. 20 at noon ET
- Next regular shipment will be Thursday, Jan. 4
- The pharmacy will be closed from Dec. 22 through Jan. 1
- Please contact the [IDOH TB Program](#) for acquiring TB medications for new patients during this closure



Drug Shortages and Updates



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Drug Shortages

- Continue to experience shortages of Isoniazid (INH) at the national level
 - IDOH utilizes several avenues to secure additional stock:
 - CDC national stockpile
 - Partnership with other state/big city TB programs
- IDOH and Purdue Pharmacy will continue to monitor the situation

LTBI Medication Availability

- Current available regimen for LTBI treatment is 4R (rifampin)
 - 3HP and INH available for specific circumstances, speak with your regional nurse consultant/TB Program
- Earlier this year, we added a section [to the website](#) noting current LTBI treatment regimen availability from Purdue Pharmacy
 - Updated weekly
 - Electronic version of the [IDOH LTBI Screening & Treatment Card](#) is available at this location as well.

LTBI Medication Approval

- When a LTBI medication script arrives at Purdue Pharmacy, it is placed into a “Hold” status & immediately checked against NBS to see if there is an approved LTBI investigation
 - NBS is checked daily for approximately one week if an approved notification did not initially appear in NBS
 - If an approval does not appear in one week, Purdue Pharmacy needs a phone call to be alerted to an approval completion
- Please remember to enter the LTBI investigations into NBS and submit the notification for approval promptly to ensure LTBI medication orders are filled quickly



Health First Indiana



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Health First Indiana TB Core Services

- LHDs should provide or ensure case management for those with suspected or confirmed TB disease, including investigation and specimen collection, enforcing isolation, providing directly observed therapy, and coordinating clinical and social needs
- LHDs should conduct investigations for those diagnosed with infectious TB disease, including contact identification, education, testing, and treatment (as needed)
- LHDs should coordinate clinical follow-up for those designated with a Class B immigration status and provide or ensure case management and directly observed therapy for TB if needed
- LHDs should work with IDOH to identify and treat latent TB infection (LTBI) according to the IDOH TB Elimination Plan
- LHDs should be aware of the socioeconomic, environmental, and behavioral factors that place individuals in their communities at risk, such as housing/crowding, sexual behaviors, and underrepresented/underserved individuals

Health First Indiana TB KPI

Number of counties with established partnerships for housing, food security, and interpretation services to assist in case management services for patients with TB and latent TB infection in their communities

- A document providing examples for this KPI is located in the IDOH LHD Outreach Resource [SharePoint site](#)
 - LHD Outreach SharePoint access requests can be sent to LHDinfo@health.in.gov



Education and Training Updates



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TB Disease Treatment and Management Card

- An updated IDOH TB Disease Treatment and Management card is coming soon
- Updates include:
 - Increasing the size of the card
 - Revamping the layout
 - Addition of the newer four-month treatment option for drug-susceptible TB that CDC provided [interim recommendations](#) for called the Rifapentine-Moxifloxacin regimen*
- The updated card will be available electronically on the website by the end of the year and printed, laminated cards will be available in Q1 2024

IGRAs

QuantiFERON-TB Gold Plus Reminder

- Available at the IDOH Lab
 - Single tube collection available
 - Packaging and shipping materials provided
 - Free to *local health departments* with patient insurance information
 - \$20 per test without insurance information



QuantiFERON-TB Gold Plus AVAILABLE
FREE for Local Health Departments*

Key Details:

- Single tube; 5 ml Lithium Heparin (green stopper) tube
- IDOH will provide collection tubes, packing/shipping supplies, UPS labels
- Turn-around-time is 3-5 business days
- Order in LIMSNet, use TB form, select "QuantiFERON-TB" as the sample type
- Collection instructions listed at <https://www.in.gov/health/laboratories/clinical-laboratories/available-tests/>
- Venipuncture demo found at https://www.youtube.com/watch?v=DW1_z6wdrh8

* Must enter valid patient insurance info; if omitted, LHD will be billed \$20 per test

To enroll in this service, contact:
Jessica Gentry
TB Laboratory Supervisor
jgentry@health.in.gov
317-921-5858



Indiana Department of Health, 2 N Meridian St., Indianapolis, IN 46204 | www.statehealth.in.gov

Phlebotomy Training

TB LHD Needs Assessment Feedback

- High level of demand - 54 jurisdictions indicated an interest in training about 175 individuals

Health Care Education & Training (HCET)

- The IDOH TB Program has contracted with [HCET](#) to conduct four one-day training sessions
- Aiming for Q1/Q2 2024
- Maximum 15 participants per session; hope to accommodate at least 4-5 LHDs in each of these sessions
- Planning to prioritize those LHDs that are looking to add IGRAs to services provided and/or looking to expand capacity for IGRAs
- Training Locations: Allen, Lawrence, Marion, & St. Joseph Counties

Phlebotomy Training Continued

IDOH Division of Emergency Preparedness (DEP)

- Planning to provide district/regional-based training via mobile units
- LHDs can submit a request for training through a [request link on the IDOH DEP website](#)
 - This new training offering is planned to be announced in e-mail lists, newsletters, etc.
- This would be an option for training refreshers as well
- With the combination of these options, we hope to be able to meet the need for Phlebotomy training

Note: The IDOH HIV/STI/Viral Hepatitis also contracts with HCET to offer Phlebotomy training



Upcoming Clinician Webinar

A webinar has been scheduled for the clinician audience to provide an update on TB

- **Date:** Monday, December 18
- **Time:** 12-1 p.m. ET
- **Presenters:** Dr. Bradley Allen & Dr. Guy Crowder

Meeting Information:

[Click here to join the meeting](#)

- Meeting ID: 270 733 683 130
- Passcode: V443hv

Or call in (audio only)

317-552-1674

Phone Conference ID: 921 693 809

Annual World TB Day Summit

Save the Date

Wednesday, March 20, 2024

9 a.m. – 3:30 p.m.

Garrison Conference Center

6002 N. Post Road

Indianapolis, IN 46216



Hosted by: IDOH TB Prevention and Care Program

Questions: Tbprogram@health.in.gov

Excellence in TB Prevention & Care Award

Do you know someone who works in TB prevention and care who:

- Develops and builds relationships of respect and trust to create an atmosphere conducive to positive patient outcomes
- Exhibits excellent community outreach and education to coordinate TB care
- Displays passion in the field of TB prevention and care, dedicating themselves to quality
- Goes above and beyond job duties in providing coordinated care of those affected by TB
- Consider [nominating them](#) for the IDOH Excellence in TB Prevention and Care award to be given at the Indiana World TB Day Summit

National TB Conference

2024 Tuberculosis Conference

Jointly sponsored by:

The Union-North America Region (NAR) and
the National Tuberculosis Coalition of America (NTCA)

April 16-19, 2024

Baltimore, Maryland



2023 NTCA Conference Highlights



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TB Survivor Speaker 1



- Diagnosed with pulmonary TB in last trimester of pregnancy
- Spent significant amount of time in isolation in the hospital
- Wished had known about We are TB/Somos TB during illness/isolation
 - We are TB/Somos TB are English & Spanish support groups for individuals with TB
 - Individuals can also reach out to be connected to a survivor to talk one-on-one
- Takeaway: Importance of increasing awareness of We Are TB
<https://www.wearetb.com>

TB Survivor Speaker 2

- Had TB disease and was motivated to complete treatment to get better for herself and her son
- Thoughts on strategies that work best for working with TB patients
 - Getting to know patients and their challenges
 - Using enablers and incentives to assist patients with challenges
 - Incentives are small rewards given to the patient such as gift cards or food vouchers
 - Enablers are anything that helps patients complete therapy or show up for their DOT appointments
 - Examples of enablers include cab/ride share fare or bus fare
 - IDOH has an incentives and enablers fund with Hoosier Uplands that can be used to reimburse LHDs for incentives and enabler expenses.*

Sputnik Program

Comprehensive Case Management program used in Tomsk, Russia to assist TB disease patients where non-adherence had been an issue

- It was determined that assistance may be needed to help patients overcome barriers to treatment such as:
 - Social supports
 - Nutritional supports
 - Family support
- An individual called a 'Sputnik' was assigned to between five to seven patients to focus on these needs
 - This was a different person than those focusing on directly observed therapy
- An increase in adherence was seen in 51 out of 53 patients that stayed in the program

Counting Doses

- Treatment completion calculated based on weeks of treatment **and** number of doses
- For one week to count toward treatment completion, minimum of 5 doses in 7 days must be observed either in-person or electronically
- Self-administered doses are NOT included in counted doses
- For weeks with holidays, a 5th dose should be scheduled on one of the days off
- Consider use of a tracking tool
- If you have questions about counting number of doses/weeks, please consult a regional nurse consultant/TB program

Isolation Current Recommendations- Indiana

TB patients can be considered noninfectious when they meet all of the following three criteria:

- They have three consecutive negative AFB sputum smears collected in 8- to 24-hour intervals (at least one being an early morning specimen)
- Their symptoms have improved clinically (e.g., decreased frequency of cough, resolution of fever, weight gain, etc.)
- They have received adequate treatment for two weeks* or longer

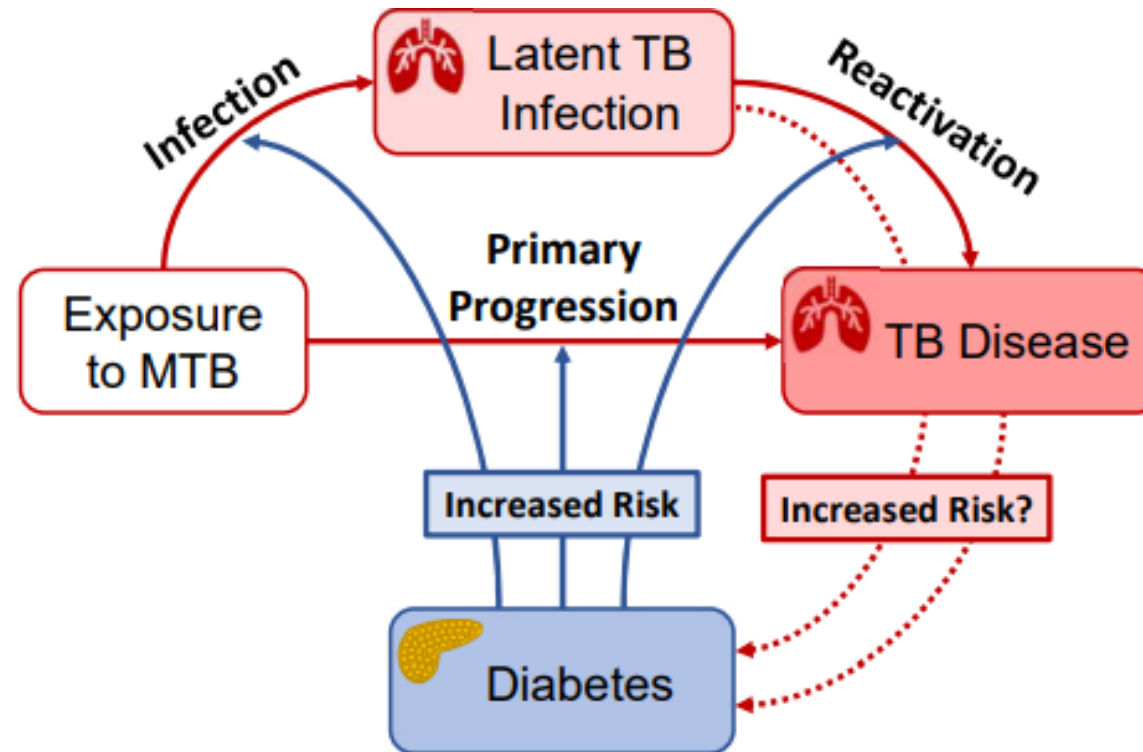
* Criteria for smear positive TB

Isolation Protocol Updates

- Differing isolation protocols in use across United States and globe
- Discussions are occurring at a national level regarding creating a consistent set of isolation guidelines
- Anticipate updated recommendations in next year or two

How are TB and Diabetes Related?

Theoretical framework



Magee et. al., *Disease Control Priorities*, Vol 5 2017 PMID: 30212073

Interconnection of TB and Diabetes

- Meta analyses show increase in TB incidence in patients with diabetes compared to those without diabetes
- Diabetes reduces rate of TB culture conversion
- TB induces stress hyperglycemia which may impact risk of adverse TB treatment outcomes
- Synergy between undernutrition and hyperglycemia may contribute to key excess in TB risk

TB and Targeted Immunotherapies

Targeted immunotherapies may be used for:

- Inflammatory diseases: Rheumatoid arthritis, Ulcerative colitis, Psoriasis, Crohn's disease, etc.
- Malignancies: Melanoma, renal cell carcinoma, squamous cell carcinomas, non-small cell lung carcinoma, Hodgkin's and non-Hodgkin's lymphoma, etc.

Select effects of targeted immunotherapies on TB:

- Promote reactivation/progression of TB
- Mask symptoms

Individuals considered for a targeted immunotherapy:

- If high risk for TB exposure: dual testing (QFT, T-SPOT.TB, TST (5 mm cutoff)) (repeat if first test negative). Recommend treatment of LTBI if any test positive
- If low risk for TB exposure: single test, repeat if IGRA indeterminate

Interpretation

- Use professional medical interpreters whenever possible or:
 - Bilingual trained staff
 - Language line
 - Other unrelated bilingual individual (only in emergencies)
- Best practices
 - Interpreter sits beside or slightly behind patient
 - Set ground rules with interpreter before patient interview
 - Speak directly to the patient not to the interpreter
 - Pay attention to body language

vDOT

- United States clinical practice guidelines recommend directly observed therapy (DOT) as the standard of care for individuals with TB Disease
- Research has shown that vDOT (video or electronic DOT) is equivalent to in-person DOT
- vDOT can:
 - Conserve time and costs for patients and programs
 - Improve patient satisfaction with DOT
 - Provide opportunities to monitor adherence when in-person DOT is not available
- Decisions regarding the use of vDOT or in-person DOT during TB disease treatment are best made when healthcare personnel and patients work in partnership to discuss the potential benefits and drawbacks of both DOT approaches
 - Some items to consider: patients' healthcare needs, social conditions, preference, regular access to video-enabled devices and the internet, confidentiality and privacy, reimbursement (if applicable), program capacities, provider preference

Contact Information

Kelly White, MPH, CPH

TB Prevention & Care

317-233-7548

Kewwhite@health.in.gov

