



Indiana
Department
of
Health

TB Talk

Q1-Q2 2023

World Tuberculosis Day

On March 23, the Indiana Department of Health Tuberculosis (TB) Prevention and Care program held an educational event to celebrate World Tuberculosis Day. This day commemorates the date in 1882 when Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacillus that causes TB.

188 individuals attended this year's event surpassing last year's record attendance total!

The event included welcome remarks from State Epidemiologist Eric Hawkins, case presentations, an epidemiology update, presentations about the Department of Corrections & the Indiana Peer Education Program Extension for Community Healthcare Outcomes (ECHO) and a TB clinic set up in Daviess County.

The slides and recording link for the presentations that are permitted to be shared publicly can be found here: [CLICK THIS LINK](#)



Education Events

[IDOH 2023 Public Health Nurse Conference](#)

When: June 28-29
8 a.m.-3:30 p.m.

Where: 502 East Event Centre, 502 East Carmel Drive, Carmel, IN 46032

Questions:
LHDinfo@health.in.gov

[GTBI TB Intensive Workshop](#)

When: Sept. 19-22

Where: Newark, NJ

Application: <https://www.surveymonkey.com/r/TBISW2023>

Website Refresh

Over the past six months, the Indiana Department of Health (IDOH) embarked upon a project to revamp the agency website in part to improve user experience. Included in this effort were major revisions to the homepage, navigation, and search functionality. Within the TB section of the website, the navigation structure has been condensed and revised to be more audience-focused.

We plan to add additional content to the new local health department, healthcare provider, and patient sections of the TB portion of the website in the upcoming months.



Ukrainian Arrivals Reimbursement

Reimbursement is available through the IDOH TB Prevention and Care program for expenses incurred for Uniting for Ukraine participants to receive a stand-alone Interferon-Gamma Release Assay (IGRA) test and TB screening and/or vaccines needed to meet the attestation requirements, dating to May 21, 2022. The reimbursable party may be a local health department (LHD), participant, sponsor, or other entity or individual.

Additional details regarding reimbursable expenses and the reimbursement form can be found here: [CLICK THIS LINK](#)

Please note that all reimbursement requests must be submitted to the IDOH TB Program by Sept. 30.

Reporting Changes

A number of communicable disease reporting changes went into effect on April 1. The reporting timeframes were streamlined to two options: immediately and within one working day.

There is limited impact to TB and latent tuberculosis infection (LTBI) as both remain reportable. The update is that they are both now reportable within one working day. Additional information can be found here:

[CLICK THIS LINK](#)



TB Drug Supply Interruptions and Shortages

The Centers for Disease Control and Prevention (CDC) issued a [Dear Colleague letter](#) in May about the ongoing TB drug supply challenges that we in Indiana and across the United States have been facing for the past several years.

The IDOH TB Prevention & Care program has worked to establish additional supplier contracts,

borrowed supply from other state/city TB programs, bought supply on the retail market & from other suppliers, and continues to work with the National Tuberculosis Controller's Association (NTCA), CDC, and TB programs on solutions.

For latent tuberculosis infection (LTBI) treatment, we now have a section of the [TB Program website homepage \(www.tb.in.gov\)](#) where we plan to regularly provide updates on LTBI medication availability. Keep an eye out for emails via the TB LHD e-mail list for updates on this topic as well.

NBS TB Investigation Module Update

The Centers for Disease Control and Prevention (CDC) revised its official form for reporting TB cases (the Report of Verified Cases of TB [RVCT]) in 2020. Due in part to the COVID-19 pandemic, the formal implementation of the new RVCT form in the National Electronic Disease Surveillance System (NEDSS) Base System (NBS) was delayed a few times.

The RVCT changes were implemented in NBS in the TB Investigation module at the end of March.

A recorded webinar, FAQ document, and updated Workflows & Quick Guides are [available on the website](#) that walk through the changes.

In addition, the regional nurse consultants and [Biak Chinpar](#), TB epidemiologist II, are available to assist in the transition to the updated NBS TB Investigation form.

Parolees+ Reimbursement Availability

Four additional countries' citizens are currently eligible to be paroled into the United States: Venezuela, Cuba, Haiti, and Nicaragua. Detailed information on processes from the U.S. Citizenship and Immigration Services can be found at here: [CLICK THIS LINK](#)

This program was modeled after the Uniting for Ukraine program; whereby, a TB testing attestation is required. However, there are a couple differences. First, the vaccine attestation is completed before travelling to the United States (although an update can be provided after arrival for the polio and COVID-19 vaccines). In terms of access to Medicaid, Cuban/Haitian parolees are the only groups eligible for Medicaid at this time.

Specifically, after arriving in the United States, parolees two years and older must attest to receiving a medical screening for TB, including an Interferon-Gamma Release Assay (IGRA) test, within 90 days. An example of the attestation form can be found here: [CLICK THIS LINK](#).

We can waive or reimburse select expenses incurred for immigrants admitted under the parolee program as we have been permitted by CDC to use some of our funding for this purpose.

For LHDs that process IGRAs for parolees, when filling out the LimsNet entry, input Venezuela, Nicaragua, etc. in the 'LimsNet' notes field – just as you have done for Ukraine arrivals. This will signal to the IDOH Lab to waive the cost.

For any additional fees, reimbursement can be requested from the IDOH TB Prevention and Care program: [CLICK THIS LINK](#).

At this time, we anticipate being able to reimburse these expenses through September 2023; however, this is subject to change.

CDC Updates to Provisional Guidance for the Use of the BPAL Regimen

Earlier this year, the CDC released updates to the 2022 [Provisional CDC Guidance for the Use of Pretomanid as part of a Regimen \[Bedaquiline, Pretomanid, and Linezolid \(BPAL\)\] to Treat Drug-Resistant Tuberculosis Disease](#).

Updates include:

- A recommendation for an initial linezolid dose of 600 mg when using the BPAL regimen in the treatment of adults
- Additional information about adverse events
- References to studies that were published after the initial release of the guidance

TB in NBS Quick Guide

March 2023

When to Open a TB Investigation

Open a TB Investigation in NBS when 1) the patient has a positive PCR for MTB complex and/or a positive culture for MTB complex, and/or 2) the patient has been started or will be starting RIPE or HPMZ therapy.

Patients with further evaluation or laboratory findings pending may require a future TB investigation if medication is started or a positive lab is received. To open a TB investigation in NBS:

- Locate the patient record by using Patient Search
- Select the Events tab on the patient record
- Select Add New under Investigations
- Select Tuberculosis from the dropdown

Investigation/Reporting Information

Investigation Status = Open (Do not modify)

Investigation Start Date = Date LHD notified of TB case/subject

Investigator = PHN responsible for case management

Date Reported = Date LHD notified of TB case/subject

State Case Number

New TB Investigations must be completed with a temporary case number. IDOH will update the case number in NBS upon official case counting with CDC.

The case number format is as follows:

Year Reported + IN + XX + two-digit County Number + XX + sequential three-digit number

For example, the first case in Marion County would be: 2023-IN-XX49XX001

Special Rules for Laboratory Variables

- A positive test should always be reported over a negative test.
- Always report the earliest sample (by collection date), unless the earliest sample is negative and a subsequent sample is positive.
- Do not report a result from a sample collected more than two weeks after a treatment began.
- Only report NAAT/PCR tests on specimen (not culture growth) for Nucleic Acid Amplification Test (NAAT) Result.

CDC Updated Recommendations for eDOT/vDOT

In March 2023, the CDC released [updated recommendations](#) for the use of video directly observed therapy during TB treatment.

U.S. clinical practice guidelines and IDOH recommend directly observed therapy (DOT) as the standard of care for tuberculosis (TB) treatment. DOT, during which a healthcare worker observes a patient ingesting the TB medications, has typically been conducted in person.

Video DOT (vDOT) uses video-enabled devices to facilitate remote interactions between patients and health care workers to promote medication adherence and clinical monitoring. Published systematic reviews, a published meta-analysis, and a literature search through 2022 demonstrate that vDOT is associated with a higher proportion of medication doses being observed and similar proportions of cases with treatment completion and microbiologic resolution when compared with in-person DOT.

Based on this evidence, CDC has updated the recommendation for DOT during TB treatment to include vDOT as an equivalent alternative to in-person DOT. vDOT can assist health department TB programs in meeting the U.S. standard of care for patients undergoing TB treatment, while using resources efficiently.

LHDs should reach out to their TB regional nurse consultants to discuss implementation of eDOT and/or for consultation on use in specific patients.



USPSTF Updated Recommendations for Screening for LTBI in Adults

The U.S. Preventive Services Task Force (USPSTF) released an [updated recommendation statement](#) for screening for latent TB infection (LTBI) in adults in May 2023.

A systematic review of LTBI screening and treatment in asymptomatic adults seen in primary care along with the accuracy of LTBI screening tests was performed in order to determine if any updates were needed to the 2016 screening recommendation.

As a result of the review, the USPSTF continues to recommend screening for LTBI in populations at increased risk.

IDOC Patients in NBS for LTBI

The IDOH TB Prevention & Care program has been working closely with our Indiana Department of Corrections colleagues and as a result our team is entering patients diagnosed with LTBI in a IDOC facility into NBS. Since there is no "corrections" jurisdiction within NBS, if your county contains an IDOC facility you may see these patients in your Open Investigations queue. Any IDOC LTBI patient will be denoted by having Roxane Collins listed as the investigator within the investigation.

We do not need you to do anything with these patients but wanted you to be aware in case you saw them pop up in your queues. Our team, in partnership with IDOC, will do all data entry, case management and treatment and close the case in NBS when completed.

If you have any questions, please reach out to your TB regional nurse consultant.

TB Among People Experiencing Homelessness in the United States

An article was released in Sage Journals earlier this year: [Diagnosis, Treatment, and Prevention of Tuberculosis Among People Experiencing Homelessness in the United States](#). The Advisory Council for the Elimination of TB issued recommendations in 1992 for TB prevention and control among persons experiencing homelessness (PEH). The goal of the article's authors was to provide current guidelines and information in one place to inform medical and public health providers and TB programs on TB incidence, diagnosis, and treatment among PEH.

Resource Spotlight

IDOHL TB Specimen & Testing Slide Deck

Jessica Gentry, Clinical Microbiology Laboratory Supervisor, and team updated the TB Specimen & Testing at IDOH Lab (IDOHL) slide deck.

[This resource](#) contains a wealth of information on specimen collection, packaging/shipping/transit times, testing and results interpretation, ordering testing and timeline for results, QuantiFERON-TB Gold Plus IGRA tests, LimsNet, and much more.

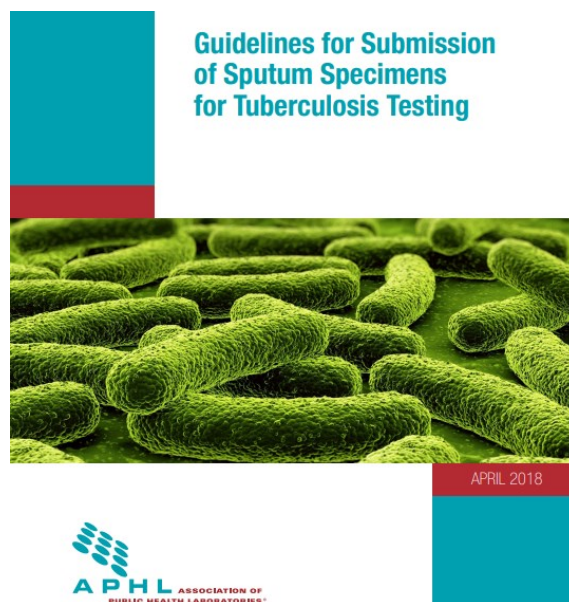
Association of Public Health Laboratory (APHL) Materials

[Guidelines for Submission of Sputum Specimens for Tuberculosis Testing](#)

Quality specimens are important for the laboratory diagnosis of TB. Sputum, a respiratory secretion originating from deep within the lungs, is the most frequent specimen collected for TB testing. This guide from the APHL is a helpful resource which walks through the sputum collection process.

[Understanding TB Laboratory Testing for Public Health Nurses](#)

APHL released a new online course for public health nurses and/or clinicians about TB testing. Topics include quality specimen collection, how to detail the TB testing algorithm or workflow performed in laboratories, how to provide a high-level description of the tests performed within the TB testing algorithm, and any special testing that may be warranted.



Purdue University Pharmacy Closures

- July 4 (Independence Day) – Next shipment after the holiday will be July 6.
- Aug. 8 – The pharmacy will open at 10 a.m. EDT. Phone calls before then will not be answered. Normal shipment will be moved to August 9.
- Sept. 4 (Labor Day) – Next shipment after the holiday will be Sept. 6.

Additional Upcoming Training/Events

Global Tuberculosis Institute (GTBI) TB Nurse Case Conference Calendar

<https://globaltb.njms.rutgers.edu/educationalmaterials/calendar/NCC.php>

GTBI Grand Rounds Calendar

<https://globaltb.njms.rutgers.edu/educationalmaterials/calendar/GR.php>

Newcomer Health ECHO

This ECHO Colorado series is designed to increase medical providers' knowledge of the resettlement and health issues of newcomers, including refugee, immigrant and migrant populations. These virtual sessions are held on the last Tuesday of the month. [CLICK THIS LINK](#)

