


Southeastern National Tuberculosis Center
SHARE • LEARN • CURE

Resources for Case Management

Jane Moore, RN, MHSA
 Director, TB Control Program
 Division of Disease Prevention
 Virginia Department of Health

September 24, 2010

Objectives

- List documents where commonly used guidelines can be found
- List 3 web sites where TB educational materials can be found
- State the procedure for applying for either housing or drug assistance funding for TB cases
- List who to call for serum level authorization


SHARE • LEARN • CURE

Overview Rapid Testing

- Emerged as alternatives to conventional tests – provide more rapid results
- Studied extensively to determine accuracy
 - Today more standardized and widely accepted
 - Positive results are generally reliable
 - Not out of woods with negative result
- Still need conventional tests
 - Adjunct for clinical and contact investigation decisions


SHARE • LEARN • CURE

The Dictionary of Acronyms

- NAA – nucleic acid amplification – amplifies *IS6110* – all based on this
- PCR – polymerase chain reaction – most widely used NAA test
- MTD – Mycobacterium tuberculosis direct test or detection
 - Routinely done by DCLS on first smear +
 - Testing on smear – samples by request/approval



Molecular Susceptibilities

- Now available at limited public health laboratories
- Virginia has resource through VA TB Foundation and SNTC
- Provide rapid testing for isoniazid and rifampin – can rule out (or in) MDRTB!
- Must work with VDH DDP-TB to access testing



When to consider drug levels...

- Patient is on appropriate treatment, but...
 - Less than expected clinical response
 - Continued cough
 - Poor appetite, no weight gain
 - Prolonged sputum AFB smear positivity
 - Especially if remain 3-4+ without decrease
 - AFB cultures remain positive
 - Past 2 months after start of treatment



Drug levels...

- ... may also be useful when
 - the patient has underlying medical problems that may effect clearance of TB drugs
 - drug-drug interactions may be influencing TB drug levels
 - the patient requires second line drugs (drug resistant TB or intolerant of first line drugs); therapeutic-but-not-toxic drug levels critical



Recent VDH/TB experience with drug levels...

- Sub-therapeutic drug levels as reason for poor response to treatment may be more common than previously recognized
 - Elderly
 - Advanced TB disease/ very debilitated patient
 - HIV/AIDs
 - Unknown reasons
 - ? Other medications, role of food, variations in drugs



What to do while we consider drug levels...

- Review chart and talk to patient
 - Review microbiology lab results
 - Recalculate drug dosages (re-weigh the patient)
 - Look at meds - correct medication, correct dosage dispensed
 - Verify DOT - ingested, correct dose given
 - Question patient about vomiting, diarrhea
 - Review medical history, use of other medications
- Call DDP-tb to discuss



When drug levels are indicated...

- Coordinate with DDP-tb
 - Authorization needed prior to shipment
- Timing of medications and blood draws is critical - time varies with drug
- Specimens to University of Florida & Shands - Specimens are accepted **Monday-Friday only; arrival on Monday-Thursday is preferred**
 - Overnight shipment on dry ice - find dry ice supplies before the day of collection!



CXR Reimbursement

- Program temporarily suspended
- Hopefully will re-establish later this fall



HIP Funds

- Homeless Incentive program
 - Pays for motels, mortgages, rent
 - Limited funding for food and special assistance items
 - Must be unable to work due to TB diagnosis
 - Does not pay for utilities or other expenses
- Districts in Southwest not eligible
 - Covered by similar program provided by TB Foundation of Virginia, administered by ALA-V
- Coordinator - Brenda Mayes - 804-864-7968



Drug Programs

- Two programs/two pots of \$\$\$\$
 - One directed at un or under-insured
 - Second directed at those with drug resistance



Drug resistance (1)

- Targeted at those on second-line drugs
 - Resistance
 - Intolerance
- DOT and case management by LHD required
- All eligibility classifications eligible
- DDP-tb pays drug costs – shipping charges LHD responsibility



Drug resistance (2)

- Pre-authorization required
 - Call DDP-tb – Jane Moore primary contact – Brenda Mayes & Debbie Staley back-ups
- Approval notice faxed to pharmacy & LHD
- On LHS-181 – enter TB Drug Resistance in top right corner under “Program”



Drug resistance (3)

- Co-pays for those with private insurance handled case-by-case
- Call DDP-tb:
 - Jane Moore - 804-864-7920
 - Brenda Mayes - 804-864-7968
 - Debbie Staley - 804-864-7972



Web Sites- TB Control (1)

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/Tuberculosis/index.htm>

- Policies
 - VA TB Laws Guidebook
 - Emergency Detention Procedures
 - HIP Guidebook
 - Standards of Care
 - Contact Investigation Guidelines and Forms
 - Links to VDH Nursing Directives and Guidelines for TB



Web Sites- TB Control (2)

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/Tuberculosis/index.htm>

- Forms
 - Medical record forms
 - Contact Investigation forms
 - Interjurisdictional forms
 - Risk assessment form
 - Screening report forms
 - Isolation form for patients
 - DOT agreement for patients



Web Sites- TB Control (3)

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/Tuberculosis/index.htm>

- Patients
 - 7 pamphlets developed by TB Control & VDHNC
 - Available in 15 languages in print version
 - Available in 9 languages in multimedia/audio form
 - Limited topics/languages in mobile web format
 - Versions for new mobile phones available
- Fact sheets
- Links to other sites
 - Ethnomed
 - Minnesota Health Department



Web Sites- TB Control (4)

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Programs/Tuberculosis/index.htm>

- Links
 - Southeastern National TB Center – our regional medical consultation and training center
 - Centers for Disease Control and Prevention
 - World Health Organization



Find TB Resources

www.findtbresources.org

- Search for TB education and training materials
- Get information about TB organizations
- Find out about upcoming events
- Sign up for TB-related Electronic Mailing List and digests
- Locate TB images
- Locate TB-related web links
- Find out about the TB Education & Training Network (TB ETN)



Curry Center Drug-Resistant Manual

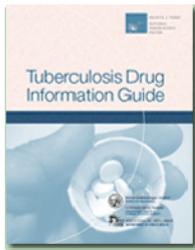
<http://www.nationaltbcenter.edu>

- Joint publication of CNTC and the Tuberculosis Control Branch of the California Department of Public Health
- Information and user-friendly tools and templates for use in the management of patients with drug-resistant TB
- Useful with pansensitive patients too!



Curry Center TB Drug Guide

<http://www.nationaltbcenter.edu>



- The Tuberculosis Drug Information Guide is derived from Drug-Resistant Tuberculosis: A Survival Guide for Clinicians (2nd edition).
- Two additional drugs, ofloxacin and clarithromycin (which are used primarily outside of the US), have been included.
- This Guide can help any physician, nurse, or pharmacist who participates in the management of patients with TB or LTBI.

Regional Medical Consultation and Training Centers

- Southeastern National TB Center
 - <http://sntc.medicine.ufl.edu/>
- Francis J. Curry National TB Center
 - <http://www.nationaltbcenter.edu/>
- Heartland National TB Center
 - <http://www.heartlandntbc.org/>
- Northeast National TB Center
 - <http://www.umdj.edu/globaltb/home.htm>

Centers for Disease Control & Prevention

- www.cdc.gov/tb
- Guidelines
- Fact sheets
- Surveillance information
- Ordering publications



What kind of resource are you as a Program Manager?

Do you know where to find the answers to some common questions?

We'll find out as we play . . .

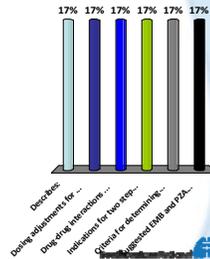


Where is it written?



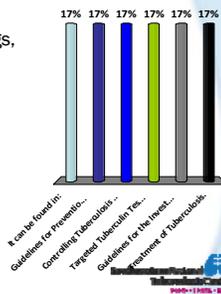
Where is it written?

If you needed to find the criteria for determining when during therapy a patient with pulmonary tuberculosis has become non-infectious . . .



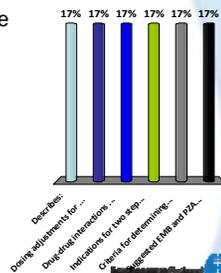
You would look in.....

1. Guidelines for Prevention of the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005.
2. Controlling Tuberculosis in the United States.
3. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection.
4. Guidelines for the Investigation of Contacts of Person with Infectious Tuberculosis.
5. Treatment of Tuberculosis.



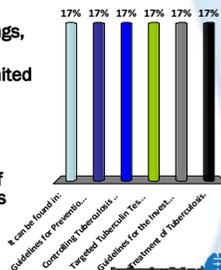
Where is it written?

If you needed to train a local health-care facility about the specific indications for two-step tuberculin skin test for their employees . . .



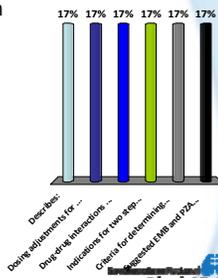
You would look in.....

1. Guidelines for Prevention of the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005.
2. Controlling Tuberculosis in the United States.
3. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection.
4. Guidelines for the Investigation of Contacts of Person with Infectious Tuberculosis.
5. Treatment of Tuberculosis.



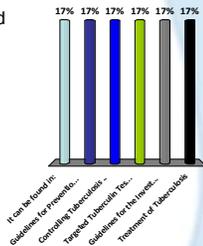
Where is it written?

If you needed to find information on the standard dosing of anti-TB drugs . . .



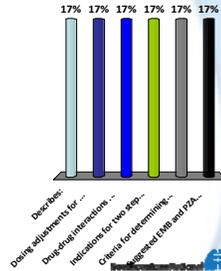
You would look in

1. Treatment of Tuberculosis, page 5
2. Controlling Tuberculosis in the United States, page 9
3. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection , page 2
4. Treatment of Tuberculosis, page 19
5. Treatment of Tuberculosis, page 64
6. All of the above



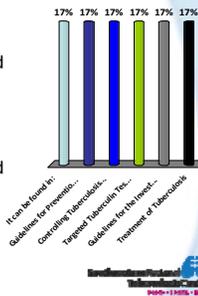
Where is it written?

If you need to know the dosing adjustments for TB medications for patients on dialysis . . .



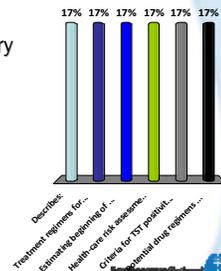
You would look in.....

1. Treatment of Tuberculosis, page 3
2. Controlling Tuberculosis in the United States, page 10
3. Treatment of Tuberculosis, page 57
4. Controlling Tuberculosis in the United States, page 10
5. Treatment of Tuberculosis, page 64



Where is it written?

If you needed information on estimating the period of infectiousness for pulmonary TB cases . . .



You would look in...

1. Guidelines for Prevention of the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, page 35
2. Guidelines for the Investigation of Contacts of Person with Infectious Tuberculosis, page 9
3. The Pediatric Redbook
4. Guidelines for the Investigation of Contacts of Person with Infectious Tuberculosis, page 7
5. Controlling Tuberculosis in the United States, page 34

