

**TB and Newcomer Health Program Expectations**



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TB/Refugee Nurse Training  
November 12, 2014

**Objectives-**

Participants will be able to:

- State the basic roles of TB Program staff members;
- List 3 sources for TB case management information;
- Name 5 routine and 2 priority TB case-related communications with the TB Program;
- Identify LHD role in accessing EDN;
- Define the expected timeframe for completing initial refugee health screenings and eligible groups;
- Identify the timeframes for initiating TB immigrant evaluations and providing documentation.

**Who does what? (1)**

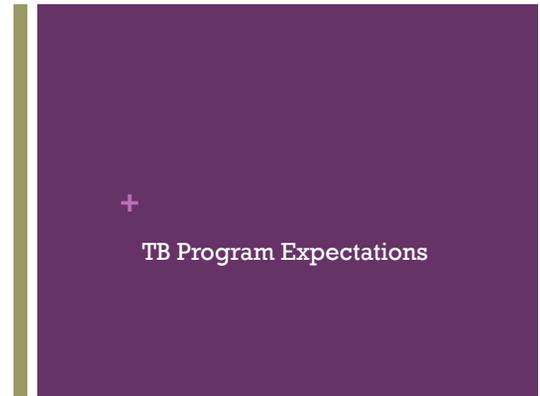
- Director – Jane Moore 
- Nurse Consultants – Denise Dodge and Debbie Staley (also Jane) 
- Surveillance Field Staff – Tim Epps and Bill White 
- Newcomer Health Program Coord. – Jill Grumbine 

**Who does what? (2)**

- Epidemiologist and Surveillance Coord. – Suzanne Keller 
- Health Education – Lauri Savage 
- Refugee Program Support – Tonisha Haynes 
- Surveillance Registrar – Donna Asby-Green 
- TB Program Administrative Support – Bambi Smithers 



**The TB Team across Virginia**





## + Communication as Necessary

What	When	How	To Whom
Questions about TB case-management	For input on case management, contact investigation, standard recommended treatment options, alternative regimens, isolation questions, length of treatment, program guidelines, TB test co-infection, etc., available in COI guidelines		
Referrals to US TB Medical Consultants or NHC Medical Consultation	Delayed smear conversion by 2 months, XFP resistant, decline after improvement, complete or modifying another medication regimen, and as needed		
Request for Serum TB Drug Levels	<ul style="list-style-type: none"> <li>Immediately for diabetes (ONDM, ODM, and "fast controlled") within the first week of therapy</li> <li>Post-erythra after treatment when if all persistently smear positive, not clinically improving, decline after improvement or absorption</li> </ul>		



## + Newcomer Health Program Expectations

## + EDN – Electronic Disease Notification

- All districts should have access to EDN
  - Districts without access, please let us know and we will give you the forms needed to get EDN access
  - Districts are expected to print out their own Overseas Medical Exams and TB Follow-Up Worksheets



## + Initial Health Screenings

- Ideally completed within 30 days of arrival to US (or 30 days of asylum being granted)
- Follow Screening Guidelines established in February 2013
- Provide to all eligible populations – refugees, asylees, SIVs, Cuban and Haitian entrants, certified victims of trafficking, etc
- Forms due to Newcomer Health Program by the 20<sup>th</sup> of each month
- Newcomer Health Provides reimbursement



## + TB Classified Immigrants

- Begin evaluation within 30 days of arrival
- All Class B TB immigrants are considered TB suspects until proven otherwise
  - PPD/IGRA, Chest X-ray, Sputum x3
- Submit forms as soon as possible
  - When meds are started
  - When cultures are complete
  - Acceptable to send form with initial information and re-submit when evaluation is finalized
- Not eligible for reimbursement through NHP – district absorbs cost



## + Questions??