

Tuberculosis Infection (LTBI) Reporting Update

November 9, 2018

VDH Tuberculosis and Newcomer Health Program

Overview

- TB Infection reporting requirement
- TB Infection Council for State and Territorial Epidemiologists (CSTE) case definition
- Expectations for handling reports
 - Now
 - In the future
- TB Infection resources
- Civil Surgeon TB Infection reporting requirement
- Panel Physician TB Technical Instruction Update
- TB Infection Task Force

TB Infection Reporting Requirement

- Tuberculosis infection for all age groups will be officially added to the Reportable Disease List in Virginia on November 14th, 2018
- Who is required to report
 - Providers
 - Laboratories
- What will this look like
 - We do not know yet
- Why is this happening?
 - Goal: TB Elimination
 - Future CDC requirement
 - Plateau of active cases

TB Infection Surveillance Case Definition

Clinical Criteria

- No clinical evidence compatible with active TB Disease including:
 - No signs or symptoms consistent with active TB Disease
- AND
- Chest imaging without abnormalities consistent with TB
- OR
- Abnormal chest imaging that could be consistent with TB Disease with microbiologic testing that is negative or MTB complex AND where active TB Disease has been clinically ruled out

TB Infection Surveillance Case Definition

Laboratory Criteria

- A positive tuberculin skin test (TST)

OR

- A positive interferon gamma release assay (IGRA)
 - QuantiFERON®-TB Gold In-Tube test (QFT-GIT)
 - T-SPOT®.TB test (T-Spot)

TB Infection Case Classification

Suspected

- A case that meets one or more of the laboratory criteria (positive TST or IGRA)

AND

- *M. tuberculosis* complex was not isolated from a clinical specimen, if a specimen was collected

Confirmed

- A case that meets one of the laboratory criteria for TB infection (positive TST or IGRA)

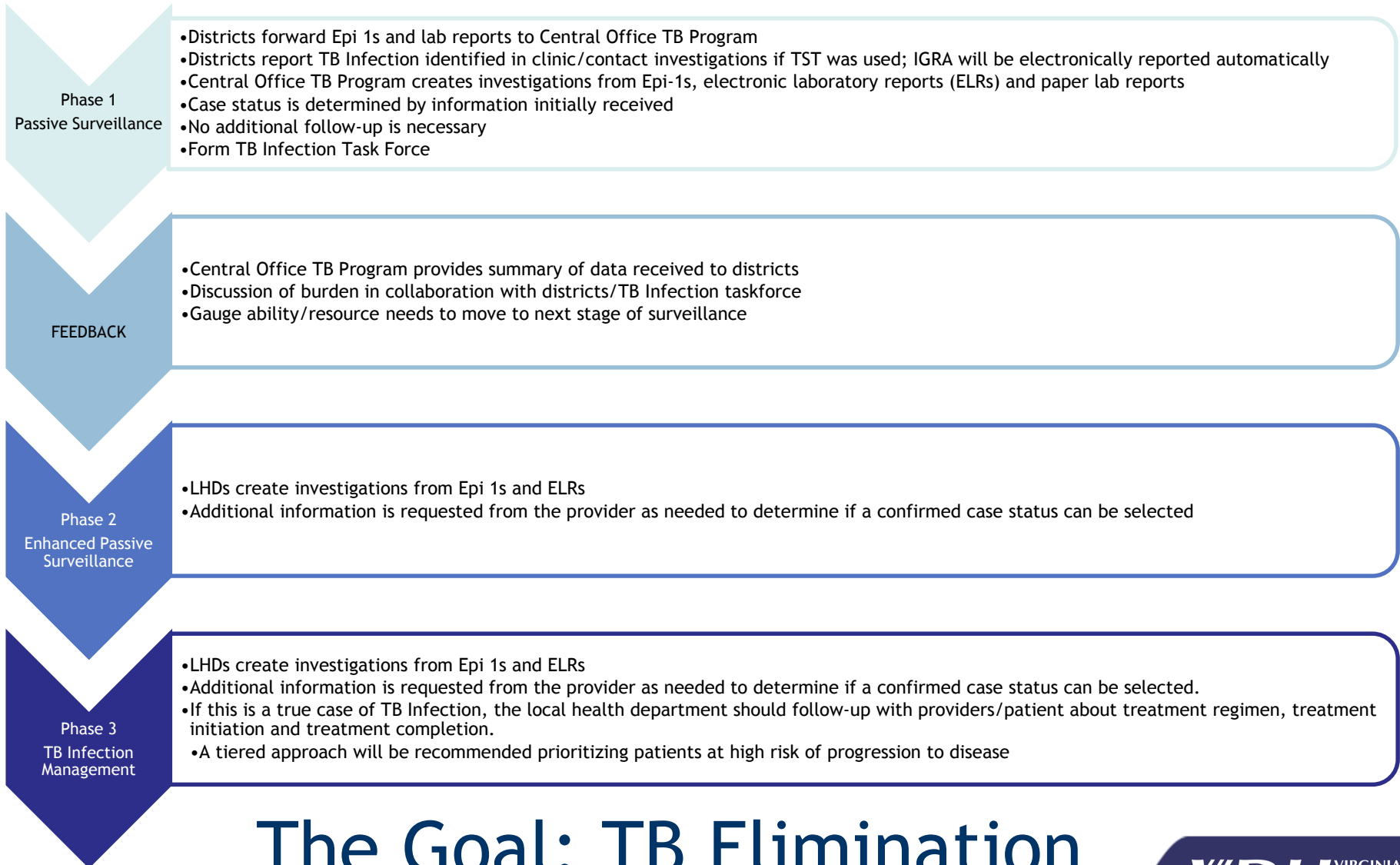
AND

- *M. tuberculosis* complex was not isolated from a clinical specimen, if a specimen was collected

AND

- Meets the clinical criteria for TB Infection (no signs or symptoms consistent with TB Disease and chest imaging not consistent with TB Disease)

Proposed Phased Plan



The Goal: TB Elimination

Phase 1 - Passive Surveillance

Phase 1 Passive Surveillance

- Districts forward Epi 1s and lab reports to Central Office TB Program
- Districts report TB Infection identified in clinic/contact investigations if TST was used; IGRA will be electronically reported automatically
- Central Office TB Program creates investigations from Epi 1s, paper labs and ELRs
- Case status is determined by information initially received
- No additional follow-up is necessary
- Form TB Infection Task Force

Feedback Phase

FEEDBACK

- Central Office TB Program provides summary of data received to districts
- Discussion of burden in collaboration with districts/TB Infection taskforce
- Gauge ability/resource needs to move to next stage of surveillance

Phase 2 - Enhanced Passive Surveillance

Phase 2 Enhanced Passive Surveillance

- LHDs create investigations from Epi 1s and ELRs
- Additional information is requested from the provider as needed to determine if a confirmed case status can be selected

Phase 3 - TB Infection Management

Phase 3 TB Infection Management

- LHDs create investigations from Epi 1s and ELRs
- Additional information is requested from the provider as needed to determine if a confirmed case status can be selected.
- If this is a true case of TB Infection, the local health department should follow-up with providers/patient about treatment regimen, treatment initiation and treatment completion.
 - A tiered approach will be recommended prioritizing patients at high risk of progression to disease

Expectations for Handling Reports - November 14, 2018 - ~July 14, 2019

- Fax or e-mail via encrypted e-mail all reports (Epi-1s and lab reports) to VDH TB Program
 - Fax: 804-371-0248
 - Email: laura.r.young@vdh.virginia.gov
- VDH TB Program will be monitoring electronic lab results submitted directly to the Virginia Electronic Disease Surveillance System (VEDSS)
- VDH TB Program will be monitoring Epi-1 reports submitted electronically through the RedCap portal
- No additional follow-up with providers or patients required during this time period

Expectations for Handling Reports - November 14, 2018 - ~July 14, 2019

- Feel free to direct providers to the electronic Epi-1 form available here:

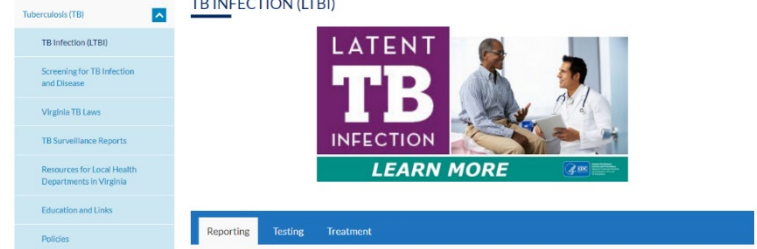
<https://redcap.vdh.virginia.gov/redcap/surveys/?s=4HRC9Y484A>

- This will reduce faxing of reports
- Health districts reporting TB Infection identified through clinics or contact investigations may also use the electronic Epi-1 form.
- Districts should submit an Epi-1 for clients diagnosed with TB Infection if a TST was used; IGRA reports will be automatically submitted

The screenshot shows the 'Confidential Morbidity Report' form from the Virginia Department of Health. The form includes instructions for reporting, such as 'Please use the form below to submit reportable diseases or conditions to the Virginia Department of Health.' and 'If you are reporting a rapidly reportable condition, please call your local health department directly.' It also features a 'Select report type' section with radio buttons for 'Disease Report' and 'Influenza (number and type only)'. A 'Next Page >>' button is visible at the bottom.

Feedback Phase - May 14, 2019 - July 14, 2019

- In May of 2019, the VDH TB Program will begin to assess TB Infection reports received for the first six month period
- District level feedback will be provided
- The TB Infection Task Force will discuss implications of initial data
 - Opportunities for individual district level discussion will also be available
- Feasibility for moving to next step in the phased plan will be assessed



TB Infection Resources

- Page on VDH TB and Newcomer Health Program [website](#)
 - Reporting
 - VDH TB Infection Reporting Guidelines
 - Testing
 - Treatment
- [CDC Resources](#)
 - Slide sets for providers and patients
 - Fact sheets for providers and patients
 - Testing and treatment recommendations
 - Graphics

TB Infection Resources in Development

- TB Infection module in VEDSS
- Updated version of electronic Epi-1 to include TB Infection as a condition option and IGRA and TST as laboratory test options
- TB Infection VEDSS data entry guidance
- TB Infection Disease Control Manual (DCM) chapter
- TB Infection Case Report Form
- Auto-creation of investigations in VEDSS
- Webinar for community providers about TB Infection in context of new reporting requirement
 - Will include education about treatment and management

Civil Surgeon Reporting Requirement

New Tuberculosis Technical Instructions (TB TIs) for Panel Physicians and Civil Surgeons went into effect on **October 1, 2018**.

- All applicants 2 years of age or older must have an IGRA performed
- Civil surgeons must **NOT** refer applicants to a health department for IGRA testing or chest x-ray
- Civil Surgeons **must report** TB Infection diagnoses in applicants to the local health department including: the applicant's name, contact information, IGRA results, and chest x-ray results
- The 2018 TB TIs do **NOT** require health departments to contact these applicants or provide treatment for TB Infection

Panel Physician TB TI Update

- **Old** - 2009 TB TIs classified applicants who had completed DOT at an approved site as **Class B1 TB, Pulmonary**
- **New** - 2018 TB TIs state that applicants who were diagnosed with TB by the panel physician or presented to the panel physician while on TB treatment and successfully completed DOT under the supervision of a panel physician prior to immigration will receive a classification of **Class B0 TB, Pulmonary**.

TB Infection Taskforce Wants You!

- VDH TB Program will be organizing a TB Infection Taskforce to assist with decision making as we move forward with TB Infection reporting
- Please e-mail kimani.burney@vdh.virginia.gov by November 16th, 2018 if you are interested in participating
- We hope to have representation from local TB, CD, Epi, and Refugee programs



Summary

- TB Infection will be reportable in Virginia beginning November 14, 2018
- Send your TB Infection reports to VDH TB Program for now
- VDH TB Program will check in with districts after six months of reporting data is available
- Participate in the TB Infection Taskforce to help guide the future direction of TB Infection reporting

Points to Consider

- Referrals for treatment from outside providers
 - District decision
- Roles and responsibilities
 - District decision
 - Consider Epi Team
- Feedback
 - TB Infection Taskforce
 - Keep track of challenges/barriers, questions, unexpected situations, best practices, etc.
 - Share during Feedback Phase

Questions?