

# Virginia Department of Health Tuberculosis Infection (LTBI) Reporting Guidelines for Local Health Districts

## 1. Background

Tuberculosis (TB) Infection will become reportable in Virginia for all ages on November 14, 2018. TB Infection will be added to the Virginia Reportable Disease list and reporting will be required by providers and laboratories.

## 2. Public Health Implications

As Virginia, the United States and the global community work toward the goal of TB elimination, we must gain a better understanding of our reservoir of TB Disease. In their End TB Strategy, the World Health Organization (WHO) includes the management of TB Infection in people with a high risk of developing TB Disease as an essential component of TB elimination, particularly in low TB-incidence countries.

Virginia's rate of TB Disease has plateaued in recent years. In order to continue progress toward TB elimination in our state, we will continue to manage active TB cases and their contacts, but we must also gain an understanding of our population infected with TB and promote targeted testing and treatment to those at risk of developing TB Disease.

## 3. Surveillance Case Definition

The Council of State and Territorial Epidemiologists (CSTE) provides a case definition adopted by the Centers for Disease Control and Prevention (CDC) for [TB Infection](#) outlined below.

### Clinical Criteria

Clinical criteria alone are not sufficient to classify a case of TB Infection. Clinical criteria to confirm a suspected case of TB Infection are as follows:

No clinical evidence compatible with TB Disease including:

No signs or symptoms consistent with TB Disease

**AND**

1) Chest imaging without abnormalities consistent with TB (chest radiograph or CT scan)

**OR**

2) Abnormal chest imaging that could be consistent with TB Disease with microbiologic testing that is negative for MTB complex **AND** where TB Disease has been clinically ruled out

### Laboratory Criteria for Diagnosis

Laboratory/diagnostic criteria alone are not sufficient to confirm a case of TB Infection. Laboratory criteria to identify suspected cases of TB Infection are as follows:

A positive tuberculin skin test (TST)

**OR**

A positive interferon gamma release assay (IGRA)

**Case Classification**

**Suspected**

A case that meets one or more of the laboratory criteria

**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

**AND**

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

**AND**

Meets the clinical criteria for TB Infection

**4. Public Health Investigation and Follow-Up**

**Forward all reported TB Infection information to VDH TB Program beginning November 14, 2018. No additional follow-up or data entry is required at the local level at this time. Reporting data will be assessed after a six-month period and information will be shared with districts. Guidance will be updated after initial data is evaluated and discussed.**

The local health department may receive electronic/paper lab results, Epi-1 reports with laboratory and/or clinical information or phone calls about suspected or confirmed TB Infection in residents of their jurisdiction. Electronic lab results (ELRs) bypass the documents requiring review queue in the Virginia Electronic Disease Surveillance System (VEDSS) at this time and will be reviewed by VDH TB Program staff. Epi-1s submitted electronically through the RedCap submission platform will also be reviewed by the VDH TB Program.

Local health departments should report TB Infection diagnosed in their clinics and through contact investigations if a TST is used; IGRAs will be reported through the lab. It is preferred that districts use the [Electronic Epi-1 Reporting Portal](#) to submit these reports, but they may also submit paper Epi-1 reports. These reports do not replace the [Final 502](#) form submitted upon completion of a contact investigation.

**Contact information for forwarding reports:**

**Fax:** 804-371-0248

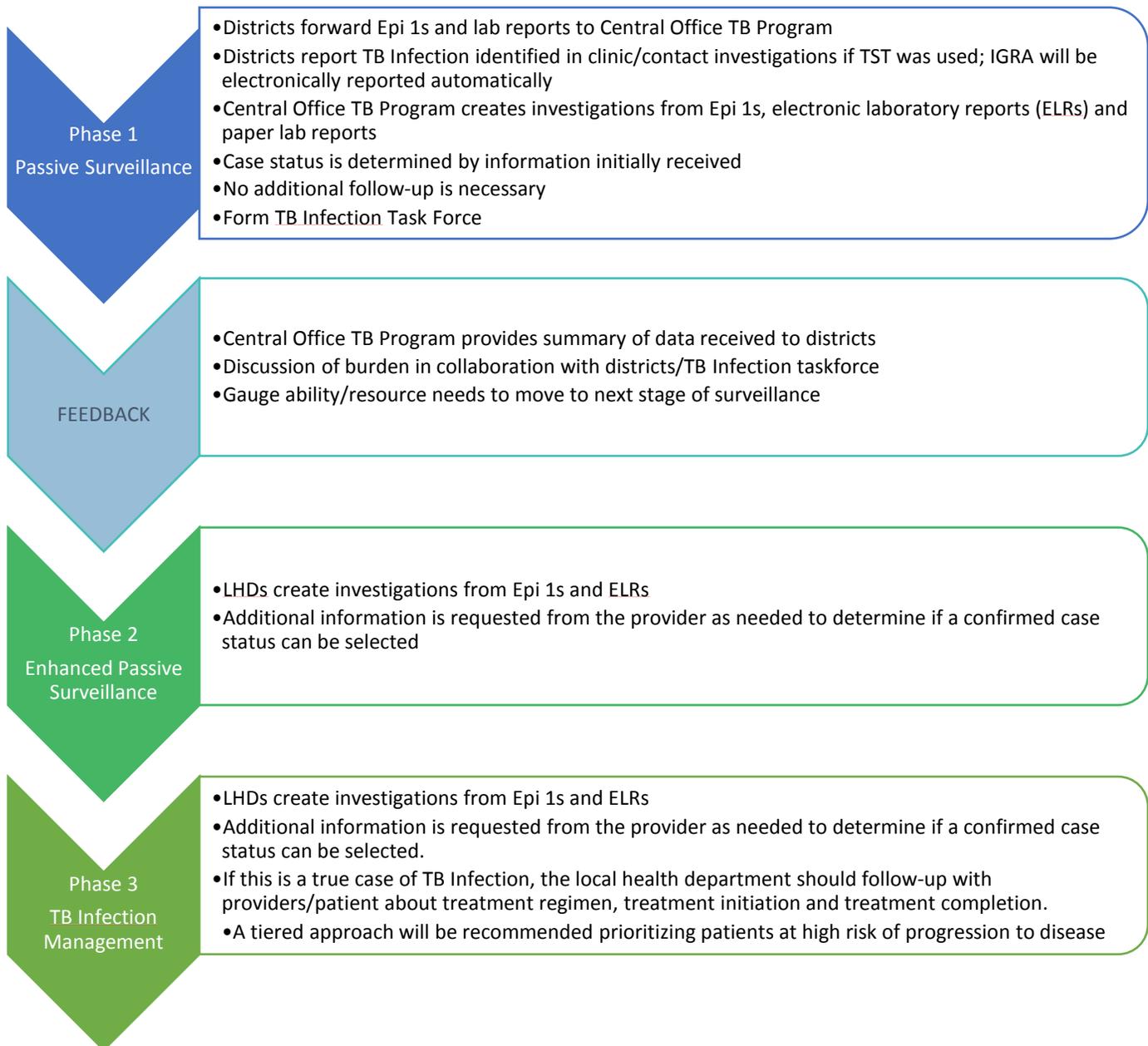
**Email** with encryption or password protection: [laura.r.young@vdh.virginia.gov](mailto:laura.r.young@vdh.virginia.gov)

**[Electronic Reporting Portal](#)**

Information about TB Infection reporting, testing and treatment is available on the [VDH TB Program website](#). Feel free to direct providers/the public to the site for additional information. There is a link to the [Electronic Epi-1 Reporting Portal](#) on the site which providers may be encouraged to use to avoid additional faxing.

VDH TB Program has developed the following proposed phased plan for TB Infection reporting and surveillance activities. Only Phase 1 and the Feedback Phase are definite at this time. Future phases will be dependent on a review of data, TB Infection Task Force input and feedback from districts and other partners.

### Proposed Phased Plan for TB Infection Surveillance Activities



## 5. References

American Academy of Pediatrics. [Chapter title.] In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2015 Report of the Committee on Infectious Diseases. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2015:[40, 198, 804-830]. Available at <https://redbook.solutions.aap.org/DocumentLibrary/Red%20Book%202015%201.pdf> (accessed October 8, 2018).

Centers for Disease Control and Prevention. Tuberculosis. Available at <https://www.cdc.gov/tb/default.htm> (accessed October 8, 2018).

Centers for Disease Control and Prevention. Division of Tuberculosis Elimination. Core Curriculum on Tuberculosis: What the Clinician Should Know. Available at <https://www.cdc.gov/tb/education/corecurr/index.htm> (accessed October 8, 2018).

Global tuberculosis report 2018. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO. Available at [http://www.who.int/tb/publications/global\\_report/Main\\_text\\_21Sept2018\\_v1.1.pdf?ua=1](http://www.who.int/tb/publications/global_report/Main_text_21Sept2018_v1.1.pdf?ua=1) (accessed October 8, 2018).

The End TB Strategy. Geneva: World Health Organization; 2015. Available at [http://www.who.int/tb/strategy/End\\_TB\\_Strategy.pdf?ua=1](http://www.who.int/tb/strategy/End_TB_Strategy.pdf?ua=1) (accessed October 8, 2018).

## 6. Resources

1. CDC Fact Sheet: [The Difference between Latent TB Infection and TB Disease](#)
2. [CSTE Case Definition of Latent Tuberculosis Infection](#)
3. List of [High Burden TB Countries](#)
4. TB Infection Treatment information and Provider Resources
  - a. [Treatment Regimens for Latent TB Infection \(LTBI\)](#)
  - b. [Update on Recommendations for Use of Once-weekly Isoniazid-Rifapentine Regimen to Treat Latent \*Mycobacterium Tuberculosis\* Infection](#)
  - c. [Latent Tuberculosis Infection: A Guide for Primary Health Care Providers](#)
  - d. [Targeted Tuberculosis \(TB\) Testing and Treatment of Latent TB Infection \(slide set\)](#)

## 7. Resources in Development

1. TB Infection Module in VEDSS
2. Updated version of electronic Epi-1 to include TB Infection as a condition option with specific questions
3. TB Infection VEDSS data entry guidance
4. TB Infection Disease Control Manual (DCM) Chapter
5. TB Infection Case Report Form
6. Auto-creation of investigations in VEDSS from ELRs
7. Webinar for community providers about TB Infection in context of new reporting requirement