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)
Case Classification

Suspected

A case that meets one or more of the laboratory criteria

AND

\textit{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

\textit{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 \textit{Electronic Epi-1 Reporting Portal} to submit these reports, but they may also submit paper Epi-1 reports. These reports do not replace the \textit{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: \texttt{laura.r.young@vdh.virginia.gov}

\textit{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**

**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, electronic laboratory reports (ELRs) and paper lab reports
  - Case status is determined by information initially received
  - No additional follow-up is necessary
  - Form TB Infection Task Force

**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
  - 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
5. References

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 Regiments 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