



Virginia Department of Health Standards of Care: Tuberculosis Control Services



Quality Standard:

Commonwealth of Virginia residents who have a confirmed or suspected active tuberculosis (TB) diagnosis, signs and symptoms of tuberculosis, or exposure to a potentially infectious case of active TB disease can expect information, diagnosis, treatment, follow-up and referral through one of the thirty-five local health districts. Residents diagnosed with latent TB infection (LTBI) can expect, at a minimum, information and referral through one of the thirty-five local health districts in the Commonwealth of Virginia. Services related to the diagnosis, treatment and follow-up of LTBI may be targeted only to high-risk populations and may vary by district.

The basis for the **core components of TB care** for these clients is described in:

1. American Thoracic Society, Centers for Disease Control and Prevention, and the Infectious Diseases Society of America. (2003). Treatment of Tuberculosis. American Journal of Respiratory and Critical Care Medicine, 167, 603-662.
2. National TB Controllers Association. (1997). Tuberculosis Nursing: A Comprehensive Guide to Patient Care (1st ed.).
3. New Jersey Medical School National Tuberculosis Center. (2001). Tuberculosis Case Management for Nurses: Self Study Modules. Newark, New Jersey: New Jersey Medical School National Tuberculosis Center.
4. US Department of Health and Human Services Centers for Disease Control and Prevention. (1985). Essential components of a tuberculosis prevention program; and screening for tuberculosis and tuberculosis infection in high-risk populations: recommendations of the Advisory Council for the Elimination of Tuberculosis [Special issue]. MMWR, 44 (RR-11).
5. US Department of Health and Human Services Centers for Disease Control and Prevention. (2000). Core Curriculum on Tuberculosis (4th ed.). Atlanta, Georgia: US Department of Health and Human Services.
6. Virginia Department of Health Division of TB Control. (2001). Virginia Tuberculosis Control Laws Guidebook. Richmond, Virginia: Virginia Department of Health Division of TB Control.

Newer editions of these above publications, as well as policies published by the Division of TB Control (DTC), may replace the above recommendations and become the basis of care.

Clients utilizing TB Control Services will receive no less than the following care components that are considered **acceptable practice**.

Assessment

Both an assessment of TB Risk and a general health history will be completed for all clients in accordance with VDH Division of TB Control Policy TB99-002. Clients will be screened for TB as described in the Core Curriculum (pp. 25-33), **receive appropriate examination and diagnostic testing** as also recommended in the Core Curriculum (pp. 39-46), or as prescribed by the attending physician.

At a minimum, the assessment will include:

1. Site-specific signs and symptoms of tuberculosis disease
2. Risk of tuberculosis transmission, including degree and duration of infectiousness and identification of higher risk contacts
3. Tuberculosis risk factors
4. Previous and/or current anti-tuberculosis treatment
5. Results of examinations and diagnostic testing including but not limited to tuberculin skin test (TST) results, x-ray results, smear and culture results from sputum or other body/tissue sample, susceptibility results, HIV results, and other laboratory results
6. Socio-cultural factors associated with adherence
7. Differences in communication, beliefs and/or behaviors
8. Knowledge of tuberculosis infection and disease
9. Assessment data collection is systematic, ongoing and is documented in a retrievable form

The protocols for nutrition assessment will be based on the most recent recommendations from the Division of Chronic Disease or the most recent Dietary Guideline for Americans. Elements of the physical exam will be determined by the individual provider. Normal parameters for physical exam elements are defined in the VDH Standards of Care: Normal Male/Female Adult Exam. Other client needs assessment will be performed according to the parameters described in the Essential Components of a Tuberculosis Control Program (MMWR).

Intervention

Nursing interventions should be undertaken to address the multiplicity and complexity of obstacles to treatment of those diagnosed with active tuberculosis disease. Clients with active tuberculosis disease require strategic planning and monitoring in order to achieve the ultimate goal of tuberculosis cure. Examples of areas requiring specific interventions include: management of the therapeutic regimen, knowledge related to the disease process and mode of transmission, TB infection risk within the family and community, barriers to adherence, legal ramifications for non-adherence to treatment and isolation instructions.

Treatment for those with active disease will generally follow the recommendations in the ATS Statement on the Treatment of Tuberculosis and should involve the client in decision-making regarding his/her care. An individualized treatment plan should be developed for each patient and be placed in the patient record. Records should also contain ongoing documentation of patient adherence. Actions needed to correct issues with patient adherence will follow the guidelines in the VA TB Laws Guidebook.

Preventive therapy for clients found to be infected but without active disease will follow the guidelines in the Core Curriculum, Chapter 6, pp. 53-60 that are appropriate for the client.

Contact investigation will follow Core Curriculum, pp. 103-107, with evaluation for preventive therapy based on guidelines contained in Chapter 6, Prevention Therapy Treatment of TB Infections, Core Curriculum, pp. 53-60. Documentation of investigation and all follow-up of contacts will continue to be entered on the TB-502 or similar electronic version.

Clients will be assessed for their learning needs regarding tuberculosis disease, adherence to the prescribed treatment plan, risk reduction, infection control, and treatment plans. Teaching intervention will be designed to meet identified client needs and will be based on Core Curriculum guidelines.

The protocols for nutrition intervention are in the most recent recommendations by the Division of Chronic Disease. Immunization services will be offered consistent with the VDH Immunization Manual guidelines.

Other client needs will be addressed as local resources permit in order to enhance treatment adherence.

Outcome

At least 90% of clients with active tuberculosis disease will complete treatment within 12 months. Acceptable variants are individuals diagnosed with multi-drug resistant tuberculosis and clients with neurological tuberculosis.

100% of clients with culture-positive, active pulmonary tuberculosis will have appropriate monitoring tests collected at appropriate intervals and will convert to culture negative within 90 days as evidenced by negative cultures on sputum collection on three separate days. Immediate investigation will be undertaken for cases who do not have culture conversion to identify the cause.

The initial TB interview will be conducted within 3 days for 95% of the reported TB cases/suspects.

At least 90% of newly reported AFB smear positive TB cases will have contacts identified and at least 95% of the contacts will be evaluated for disease and/or infection.

Contact investigation will be initiated within 3 days of first notification and completed within 3 months.

85% of contacts found to be infected with *Mycobacterium tuberculosis* infection or disease will complete a full course of recommended treatment.

90% of clients screened for latent TB infection (LTBI) for purposes other than contact investigation will complete required further evaluation for TB disease/infection.

60% of clients recommended for treatment of LTBI will complete the recommended course of treatment thereby reducing their risk of progression to active disease.

SOC-TB-03 (Revised)